2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Burel, a mould

SIGNATURE:

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P03000056833 1. Entity Name 04-21-2004 90077 011 ***150.00 BEV MAC INC. Principal Place of Business Mailing Address 6859 BITTERBUSH PLACE 6859 BITTERBUSH PLACE BOYNTON BEACH FL 33437-2942 BOYNTON BEACH FL 33437-2942 2. Principal Place of Business 3. Mailing Address 4554 Lake Worth Ril 4. FEI Number City & State City & State Applied For 59-Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent MCDONALD, BEVERLY A Street Address (P.O. Box Number is Not Acceptable) 6859 BITTERBUSH PLACE BOYNTON BEACH FL 33437-2942 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept Signature, typed or printed ame of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE Addition ☐ Delete TITLE mcDonald. Michae MCDONALD, BEVERLY A NAME NAME 6859 BITTERBUSH PLACE STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33437-2942 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Addition HICKS, JACK 🥻 NAME NAME 6859 BITTERBUSH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437-2942 CITY-ST-ZIP TITLE: ; TITLE ☐ Change ☐ Addition NAME ... TETREAULT, VERNON-NAME STREET ADDRESS 7350 WEST MERCADA WAY STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33446 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED