

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000094969

1. Entity Name
POWER TRIP BEVERAGES, INC.



Principal Place of Business
**19420 NW 4TH CT.
PEMBROKE PINES, FL 33029**

Mailing Address
**19420 NW 4TH CT.
PEMBROKE PINES, FL 33029**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0111389

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STUART, DOUGLAS E
19420 NW 4TH CT.
PEMBROKE PINES, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **STUART, DOUGLAS E**
STREET ADDRESS **19420 NW 4TH CT.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE D
NAME **RUDOFF, GERALD A**
STREET ADDRESS **13255 SW 98 PL**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE D
NAME **RUTTENBERG, HARVEY**
STREET ADDRESS **19420 NW 4TH CT.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE D
NAME **BLOOM, ROBERT F**
STREET ADDRESS **8269 MELLON DR.**
CITY-ST-ZIP **CINCINNATI, OH 45242**

TITLE D
NAME **CARNERO, JORGE**
STREET ADDRESS **15440 SW 158TH ST.**
CITY-ST-ZIP **MIAMI, FL 33187**

TITLE S
NAME **STUART, SHELLEY**
STREET ADDRESS **19420 NW 4TH CT.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

U00000533362
05/06/06-80120-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 filers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #