2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

1. Entity Nan	MENT # PUOUUUS FUL BEVERAGES INTER			04-28-	2008 90410 016 ***150	0.00	
Principal Plac	ce of Business	Mailing Address					
10334 OSPREY PL TRACE W PALM BCH, FL 33412		10334 OSPREY PL TRACE W PALM BCH, FL 33412					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242008 Chg-F	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 26-0245035		oplied For	
Zip	Country	Zip	Country	5. Certificate of Status D	\$9.75 Au	ditional	
	6. Name and Address of Curre	nt Registered Agent	<u>'</u>	7. Name and Address o			
			Name			•	
BSPA CORPORATE SERVICES, INC. 350 E LAS OLAS BLVD STE 1000			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
FTLAUDE	ERDALE, FL 33301			d., () 			
			City		FL Zip Cod	e	
the obliga	e named entity submits this statement itions of registered agent.	for the purpose of changing to	s registered onice or re	gistered agent, or both, in the Sta	ate of Florida. I em familiar with,	and accept	
SIGNATURE.	Signature, typed or orinted name of registened age	erit and title if suppleable. INO	TE Registered Agent signature i	କ୍ରେଣାସ୍ଟ ଜୀବସ । ନେଖଅନ୍ତି ।	DATE:		
FiL	Signature, import or orbited name of registered age. E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$556	9. Election Campa	aign Financing	\$5.00 May Be Added to Fees	DATE		
FiL	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa	aign Financing	\$5.00 May Be Added to Fees	DATE TO OFFICERS AND DIRECTOR	S IN 11	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550 OFFICERS AN	9. Election Campa Trust Fund Cor	aign Financing Intribution, Interest In	\$5.00 May Be Added to Fees		S IN 11	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplier entail 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 for the receiver of trustee empowered the 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 affaichment with an address, with all other like expowered.

CITY-ST-ZIP

NAME.

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

SIGNATURE

NAME

THEE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Nd 04-22-08 (561) 842 7976

Change

☐ Addition