## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000085795

Entity Name: FOOD & BEVERAGE STRATEGIES, INC.

FILED Feb 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

737 MAIN STREET 5445 RICHEY DRIVE

SUITE 201 NEW PORT RICHEY, FL 34652

SAFETY HARBOR, FL 34695

Current Mailing Address: New Mailing Address:

737 MAIN STREET 5445 RICHEY DRIVE

SUITE 201 NEW PORT RICHEY, FL 34652

SAFETY HARBOR, FL 34695

FEI Number: 20-5115415 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOTKO, LOUIS A
737 MAIN STREET

MOTKO, LOUIS A
5445 RICHEY DRIVE

SUITE 201 NEW PORT RICHEY, FL 34652 US

SAFETY HARBOR, FL 34695 US

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.

SIGNATURE: LOUIS A MOTKO 02/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition Name: MOTKO, LOUIS A Name: MOTKO, LOUIS A

Address: 737 MAIN STREET, SUITE 201 Address: 5445 RICHEY DRIVE

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SECR ( ) Delete Title: SECR (X) Change ( ) Addition

Name: MOTKO, LOUIS A Name: MOTKO, LOUIS A Address: 737 MAIN STREET, SUITE 201 Address: 5445 RICHEY DRIVE

City-St-Zip: SAFETY HARBOR, FL 34695 SAFETY HORBOR, FL 34652

Title: TRES ( ) Delete Title: TRES (X) Change ( ) Addition

Name: MOTKO, LOUIS A Name: MOTKO, LOUIS A Address: 737 MAIN STREET, SUITE 201 Address: 5445 RICHEY DRIVE

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS A MOTKO PRES 02/24/2008