


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P09345 1. Entity Name SHASTA BEVERAGES, INC.	
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Principal Place of Business ONE N. UNIVERSITY DR. STE 400A PLANTATION, FL 33324	Mailing Address ONE N. UNIVERSITY DR. STE 400A PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-2977421	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPORELLA, NICK A ONE NORTH UNIVERSITY DRIVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CAPORELLA, JOSEPH G ONE N. UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCOY DEAN ONE NORTH UNIVERSITY DRIVE PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, BILL ONE NORTH UNIVERSITY DR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80027-008 158.75

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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 like empowered.

SIGNATURE:  **4-27-07 954-581-0922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #