


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90966 050 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # P10124</b><br>1. Entity Name<br>NBC BEVERAGE CORP. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>ONE NORTH UNIVERSITY DRIVE<br>SUITE 400A<br>PLANTATION, FL 33324 | Mailing Address<br>ONE NORTH UNIVERSITY DRIVE<br>SUITE 400A<br>PLANTATION, FL 33324 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2605822 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | D                     |
| NAME           | CAPORELLA, NICK A.    |
| STREET ADDRESS | ONE N. UNIVERSITY DR. |
| CITY-ST-ZIP    | PLANTATION, FL        |
| TITLE          | PD                    |
| NAME           | CAPORELLA, JOSEPH G   |
| STREET ADDRESS | ONE N. UNIVERSITY DR  |
| CITY-ST-ZIP    | PLANTATION, FL        |
| TITLE          | V.                    |
| NAME           | MCCOY, DEAN           |
| STREET ADDRESS | ONE N. UNIVERSITY DR  |
| CITY-ST-ZIP    | PLANTATION, FL        |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

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IN THIS SPACE**

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.

SIGNATURE: Dean McCoy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05  
Date

954-581-0922  
Daytime Phone #