


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90200 006 \*\*\*158.75

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

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



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2605822	Applied For 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
--

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPORELLA, NICK A. ONE N. UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPORELLA, JOSEPH G ONE N. UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCOY, DEAN ONE N. UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRACKEN, GEORGER. 1 N. UNIVERSITY DRIVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2008

Date

954.581.0922

Daytime Phone #