

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P11630</b>	
1. Entity Name <b>THE GAMBRINUS COMPANY</b>	
Principal Place of Business <b>14800 SAN PEDRO 3RD FLOOR SAN ANTONIO, TX 78232</b>	Mailing Address <b>14800 SAN PEDRO SUITE 310 SAN ANTONIO, TX 78232</b>



**DO NOT WRITE IN THIS SPACE**

04192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>74-2404037</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 file if applicable) (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 NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, CARLOS E 505 TOMAHAWK TRAILS SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUNNINGHAM, RUSSELL S 314 ROYAL OAKS SAN ANTONIO, TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLZ, JAMES J 14102 BLUFF GROVE DR SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, WILLIAM 19510 BATTLE OAK SAN ANTONIO, TX 78258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/05-80067-012 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: **James J. Bolz, Treasurer** 4/22/05 (210)490-9128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #