

**2007 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P11630

1. Entity Name
THE GAMBRINUS COMPANY



Principal Place of Business
**14800 SAN PEDRO
3RD FLOOR
SAN ANTONIO, TX 78232**

Mailing Address
**14800 SAN PEDRO
SUITE 310
SAN ANTONIO, TX 78232**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2404037	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALVAREZ, CARLOS E
STREET ADDRESS	505 TOMAHAWK TRAILS
CITY-ST-ZIP	SAN ANTONIO, TX 78232
TITLE	AS
NAME	CUNNINGHAM, RUSSELL S
STREET ADDRESS	314 ROYAL OAKS
CITY-ST-ZIP	SAN ANTONIO, TX 78209
TITLE	T
NAME	BOLZ, JAMES J
STREET ADDRESS	14102 BLUFF GROVE DR
CITY-ST-ZIP	SAN ANTONIO, TX 78216
TITLE	S
NAME	LEVINE, WILLIAM
STREET ADDRESS	19510 BATTLE OAK
CITY-ST-ZIP	SAN ANTONIO, TX 78258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:

William A. Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Levine, Secretary 4/26/07

Date

210/490-9128

Daytime Phone #