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FOR PROTITION UNIFORM BUSINESS REPORT (U	BR
DOOLULENT # DOUGAGOURI-20	

DOCUN 1. Entity Name	MENT# P94000048639		SCOCKERS OF THE	
Hobe	obe Sound Beverage, Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	DO NOT WRITE IN THIS SI	PACE		
	ace of Business 3. Mailing Address 10355 5.E 4. etc. 3. Mailing Address 10355 5.E Suite. Apt. #, etc.	. Tederal Hu	DO NOT WRITE IN THIS SPACE	
City & State	Bound, Florida Hobe Soun	d. Floride	4 FEI Number Applied For Not Applicable	
Zip 33455	Country Zip Country		5. Certificate of Status Desired	
	A CONTRACTOR OF THE PARTY OF TH		7. Name and Address of Current Registered Agent	
	DO NOT WRITE	Name Street Add	PIPIKA SHAH Iress (P.O. Box Number is Not Acceptable)	
	IN THIS SPACE	1026	55 S.E. Federal Huy	
		City H	John Sound FL 33455	
8. The above the obligate	named entity submits this statement for the purpose of changing its ions of registered agent.	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	D.K. Slab.	E: Registered Agent signature	7.23.63	
Jar	Signature typed or instand mane of registered agent and sho if applicable. INOTE The property of the state	Energy states Agail agrange	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND DIRECTORS	3.1		
TITLE NAME	DIPIKA SHAH	NAME	000014090280 03/14/03-01049-025 **300.00	
STREET ADORESS CITY-ST-ZIP	10355 S.E. Federal Hwy. Hobe Sound, F1 33455	, STREET ADDRESS City-St-Zip	a constant of the constant of	
TITLE Name		TITLE:		
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STREET ADDRESS CHY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TELE NAME		* TITLE NAME	IN THIS SPACE	
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TITLE NAME STREET ADDRESS	·	NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

.sha^ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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Offorment



Pinnacle Taxx Advisors, LLC 3300 PGA Boulevard Suite 990 Palm Beach Gardens, FL 33410 (T) 561.799.3810 (F) 561.799.1818

February 28, 2003

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302

Re: Hobe Sound Beverage, Inc.

Doc # P94000048639

Enclosed please find a Uniform Business Report (UBR) for my above referenced client. It appears as if the corporation went inactive because of non-filing of the UBR. This was done because they never received their pre-printed form in the mail. I believe the reason for this was because they filed their previous report late.

On behalf of my client, I request that the Corporation be re-instated as soon as possible. Also enclosed is a check in the amount of \$300.00 to cover the filing fees.

If you have any questions, or need to speak with my client or myself, please do not hesitate to give me a call.

Thank you in advance for your assistance in this matter.

Sincerely,

Lay B. Fischer Accountant