

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-29-2008 90190 038 ***158.75

DOCUMENT # P94000051896

1. Entity Name
FOUNTAIN OF YOUTH BEVERAGE COMPANY



Principal Place of Business

ONE NORTH UNIVERSITY DRIVE
SUITE A-400
PLANTATION, FL 33324 US

Mailing Address

ONE NORTH UNIVERSITY DRIVE
SUITE A-400
PLANTATION, FL 33324 US



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0575846

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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 D
NAME CAPORELLA, NICK A
STREET ADDRESS 1 NORTH UNIVERSITY DR., A-400
CITY-ST-ZIP PLANTATION, FL 33324

TITLE PS
NAME CAPORELLA, JOSEPH G
STREET ADDRESS 1 NORTH UNIVERSITY DR., A-400
CITY-ST-ZIP PLANTATION, FL 33324

TITLE V
NAME MCCOY, DEAN A
STREET ADDRESS 1 NORTH UNIVERSITY DR., A-400
CITY-ST-ZIP PLANTATION, FL

TITLE NP
NAME BRACKEN, GEDGER
STREET ADDRESS 1 N. UNIVERSITY DRIVE
CITY-ST-ZIP 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 #