

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000076012					
1. Entity Name BEVERAGE PLUS, INC.					
Principal Place of Business 308 S. PRIMROSE DRIVE ORLANDO FL 32803			Mailing Address 308 S. PRIMROSE DRIVE ORLANDO FL 32803		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 59-3273213	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VEKSLER, SVETLANA 308 S. PRIMROSE DRIVE ORLANDO FL 32803			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. ☐					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	VEKSLER, SVETLANA		NAME		
STREET ADDRESS	308 S. PRIMROSE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	000000467179	
				03/23/06-80035-023 150.00	
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Add
NAME	VEKSLER, ANATOLIY A		NAME		
STREET ADDRESS	308 S. PRIMROSE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Add
NAME	VEKSLER, SVETLANA		NAME		
STREET ADDRESS	308 S. PRIMROSE DRIVE		STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Anatoliy Vekslar* 3-9-06 107 894283.