2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P95000046655

1. Entity Name



FILED Jul 21, 2003 8:00 am Secretary of State 07-21-2003 90396 008 ***550.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	REDLAND	D BEER, CORP.					
Sullo, Apt. 4, old. City & State City & State Country Zip Country Applied For Next Applicable 4. FEI Number 65-07359 15 Applied For Next Applicable For Requirement For Registered Agent Name Nam	24420 S DIXIE	HWY,	24420 9	S DIXIE HWY.			11/14 8/10/1 8/18/1 8/14 188/1
Cry & State City & State Name Streat Address of Name and Address of Current Registered Agent The address of Name Registered Agent Name Streat Address of Name Registered Agent Title Name Streat Address of Name Registered Agent City FL Zip Code City	2. Principal P	Place of Business	3. Mailin	g Address			
Country Zip Country S.	Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
Country Zip Country Zip Country St. Certificate of Status Desired S6.75 Additional Peer Requisitered Agent 7, Name and Address of New Registered Agent Name N	City & State			City & State		4. FEI Number 65-0755815	
INFANTE, J.R. 24420 \$ DIXIE HWY. MIAMI FL 33032 City FL Zip Code	Zip	Country	Zip		Country		75 Additional
INFANTE, J.R. 24420 S DIXE HWY. MIAMI FL 33032 City FL Zip Code		6. Name and Address of Current	Registered	Agent	<u>' </u>	7. Name and Address of New Registered Agen	t
24420 S DIXIE HWY. MIAMI FL 33032 6. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Israellaw with and accept the obligations of registered agent. 4. SIGNATURE Signature, speed or printed name of ingelined agent with site if association. (NOTE Registered Agent algorithm wourses shown reasons) PILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE INFANTE, JENNIFER SIRRET ADDRESS OITY-ST-2P 10. OFFICERS AND DIRECTORS IN 11 TITLE PAY INFANTE, JENNIFER SIRRET ADDRESS OITY-ST-2P TITLE NAME SIRRET ADDRESS SIRRE					Name		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept into obligations of registered agent. 4 SIGNATURE 1. Signature, typed or printed name of registered agent and title if elepticable. (NOTE Registered Agent signature integration and expert segment in 10, 2003 Fee will be \$750.00	•				Street Address	(P.O. Box Number is Not Acceptable)	
8. The above named entity submiss his 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. 4 SIGNATURE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 After Septembe	MIAMI FL	33032					
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 Fiorida. I am tamiliar with, and accept the obligations of registered agent. 4 SIGNATURE Signature Signatur					City	FI I	Zip Code
the collegations of registered agent. 2 SIGNATURE SIGNATURE SUprature, typing or primed name of registered agent alignature (special agent alignature) DATE	9 The chave	and another allegate this statement for		o of abonding its	resistant office or regist		at with and accept
FILE NOW!!! FEE IS \$55.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10.		V	and title if applica	able. (NOTI	E: Registered Agent signature require	ed when reinstating) DATE	
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10.							
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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 acquirate 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 emboured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee em changed, or on an attachment with an address

SIGNATURE:

Signa: SIGNATURE AND TYPED OR PRINT

Date

Daytime Phone #