2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 09, 2004 08:00 AM Secretary of State **DOCUMENT # P95000051040** 1. Entity Name BARBEV CORP. Principal Place of Business Mailing Address 191 SPYGLASS COURT 191 SPYGLASS COURT JUPITER, FL 33477 JUPITER, FL 33477 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0608379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NORRIS, DAVID B DO NOT WRITE 712 U.S. HIGHWAY ONE N. PALM BEACH, FL 33408 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE CROWN, BARRY NAME 191 SPYGLASS COURT STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 U00000043723 02/10/04-80077-004 150.00 VDST TITLE NAME CROWN, BEVERLY STREET ADDRESS 191 SPYGLASS COURT CITY-ST-ZIP JUPITER, FL 33477 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 (312) 226-6400

**FILED**