


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000095890


1. Entity Name
TITANIC BREWING COMPANY, INC.



Principal Place of Business Mailing Address

5813 PONCE DE LEON BLVD **5813 PONCE DE LEON BLVD**
CORAL GABLES, FL 33146 US **CORAL GABLES, FL 33146 US**

DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0645958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSK, KEVIN D
2431 TRAPP AVE
MIAMI, FL 33133

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 _____ (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

U00000943978
 05/29/08-80082-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSK, KEVIN D 5813 PONCE DE LEON BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, DR. STEPHEN 27350 RIDGE LAKE CT BONITA SPRINGS, FL 33923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT JERMAN, GARY 13948 FLETCHER MILL DR TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSK, KEVIN D 5813 PONCE DE LEON BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 info empowered.

SIGNATURE: *Kevin D. Rusk* President 4/27/08 305-668-1742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #