2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 A

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1. Entity Nam	MENT # P9600009305 BEACH BEVERAGE COMPAN			Se	ecretary of	f State	
701 N.W. 57TH PLACE 34		Mailing Address 3429 GALT OCEAN DR FT LAUDERDALE, FL 33308-70	003				
C	OO NOT WRITE I	N THIS SPAC	CE	02282007 4. FE! Number 65-0714	No Chg-P C	R2E034 (11/05) Applied For Not Applied	or
	6. Name and Address of Current Reg	stered Agent				rea Nequiled	
FT LAUDE	T OCEAN DRIVE RDALE, FL 33308	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the trons of registered agent.	purpose of changing its registere	ed office or register	red agent, or both	, in the State of Florida.	I am familiar with, and acc	cept
SIGNATURE.	Signature, typed or printed name of registered agent and ut	e il applicable. (NOTE: Registered	d Agent signature required	I when reinstaling)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5. Trust Fund Contribution. Add		.00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, SANDRA 3429 GALT OCEAN DR FT LAUDERDALE, FL 333087003				·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			8*	,	00/09/01 05/09/01	0000731327 7-80001-001 ·19	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WR		
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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 like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07

Date Daytime Phone #