

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000099744

FILED
May 28, 2008
Secretary of State**Entity Name:** SELECT INTERNATIONAL BEVERAGES CORP.**Current Principal Place of Business:**250 WEST 74 PLACE, SUITE 302
HIALEAH, FL 33014**New Principal Place of Business:****Current Mailing Address:**8820 SW 132 PL
104DS
MIAMI, FL 33186**New Mailing Address:****FEI Number:** 65-0825185**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SALVIETTI, DANTE LUCIANO
240 W 74 PL SUITE 302
HIALEAH, FL 33014 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PSTD () Delete
Name: CASTILLO, MERCEDES
Address: 250 WEST 74 PLACE, SUITE 302
City-St-Zip: HIALEAH, FL 33014**Title:** VP (X) Delete
Name: SALVIETTI, LUCIANO DANTE
Address: 250 WEST 74 PLACE SUITE 302
City-St-Zip: HIALEAH, FL 33014**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change () Addition
Name: SALVIETTI, LUCIANO DANTE
Address: 250 WEST 74 PLACE, SUITE 302
City-St-Zip: HIALEAH, FL 33014**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVIETTI LUCIANO DANTE

VICE

05/28/2008

Electronic Signature of Signing Officer or Director_____
Date