2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2004
Secretary of State

DOCUMENT# P97000070153

Entity Name: ABS BEVERAGE, INC.

Current Principal Place of Business:

117 S. MARGARET ST.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

117 S. MARGARET ST.
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-3460722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWINSON, OLGA
117 S. MARGARET ST.
BRANDON, FL 33511

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDRADE, ETELVINA
Address: 2816 W. KENMORE AVE.
City-St-Zip: TAMPA, FL 33614

Title: VD ( ) Delete
Name: SWINSON, MACON F JR.
Address: 816 TARAWOOD LANE
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete
Name: SWINSON, OLGA
Address: 816 TARAWOOD LANE
City-St-Zip: VALRICO, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: SWINSON, MACON F JR.
Address: 3920 WHISPER GROVE COURT
City-St-Zip: VALRICO, FL 33594

Title: TD (X) Change ( ) Addition
Name: SWINSON, OLGA
Address: 3920 WHISPER GROVE COURT
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLGA SWINSON TD 05/09/2004

Electronic Signature of Signing Officer or Director Date