2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2005 08:00 AM Secretary of State

DOCUMENT # P03000033558 1. Entity Name A 1 A BEVERAGES, INC.				Secretary of State			
DO NOT WRITE IN THIS SPACE				01202005 No Chg-P		CR2E034 (10/03)	
				4 FEI Number 45-0507298		Applied For	
			Parties of the first of the fir			- \$8.°	Not Applicable 75 Additional
<u> </u>			Traile.	a. Certificate	of Status Desired		Required
6. Name and Address of Current Registered Agent PATEL, URMILABEN G 1842 S OCEAN SHORE BLVD, UNIT A FLAGLER BEACH, FL 32136				a man in the state of the state of the	NOT W THIS SP	وأنور ويوافي المسطوي	
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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered			Agent signature required	ed when reinstating) DATE			
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIREC	CTORS		pal julgoda Mal julgoda	電影 告合 著書 まご	Maria di Kalendaria Maria di Kalendaria	
TITLE NAME	PS - PATEL, URMILABEN G			TERRET.	Maria Kara	San Marian . San Marian da a s	
STREET ADDRESS	1842 S OCEAN SHORE BLVD, UNIT	Α .			์ วิวัติได้ก็กาก	ນີ້ວິດດີດີດີດີ ກິດດີດີດີດີດີດີ	
CITY - ST - ZIP	FLAGLER BEACH, FL 32136		to the second	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	62/19/85	160033-n:	04 150 m
TITLE	VT -		. ,"			CO0000 0E	2.00
NAME STREET ADDRESS	PATEL, MAHESH T 1842 6 OCEAN SHORE BLVD, UNIT.	Δ.		is a mercel			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	i	The Market			ji je na ner ara. Li na je r	Control of the spreaming
TITLE			es west result is said ARC and				
NAME STREET ADDRESS						y. w.	
CITY-ST-ZIP			2	DO.	NOT W	RITE	
TITLE			* * * * * * * * * * * * * * * * * * * *		THIS SF	MCF	200
NAME					建建工工程 企业		the second of plain
STREET ADDRESS CITY-ST-ZIP			6.46	er tie Militari in in			
TITLE						Section of the contract of the	
NAME			the state of				on the services
STREET ADDRESS CITY - ST - ZIP							
TITLE			m ser kumaha darib				
NAME			* .	· 大学表示第5	i de Villa. De 10 au	i William Commence of the Comm	
STREET ADDRESS			. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		The many transfer of the second		
CITY-ST-ZIP	partify that the information augustical with this C	ling does not recallful for the even	ontion stated in Sec				at the internation
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 cath; 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: USON ICLION G. POLL 1-31-05 386.517-6700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Delo Del me Phone #							