2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293702

Entity Name: CROWN LIQUORS OF BROWARD, INC.

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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910 N W 10TH PLACE FT LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

910 N W 10TH PLACE FT LAUDERDALE, FL 33311

FEI Number: 59-1098051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PINCHEUSKY, TEDD L
C/O CROWN LIQUORS
910 NW 10TH PLACE
910 NW 10TH PLACE
910 NW 10TH PLACE
910 NW 10TH PLACE

FORT LAUDERDALE, FL 33311 US FORT LAUDERDALE, FL 33311 US

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: TODD PINCHEVSKY 04/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: KASSAL, STANLEY, Name: KASSAL, STANLEY
Address: 393 CENTER ISLAND Address: 393 CENTER ISLAND

City-St-Zip: GOLDEN BEACH, FL City-St-Zip: GOLDEN BEACH, FL 33061 US

Title: VD () Delete Title: VP (X) Change () Addition

 Name:
 KASSAL, PAUL
 Name:
 KASSAL, PAUL

 Address:
 3160 N. 36TH STREET
 Address:
 3160 N. 36TH STREET

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:
 HOLLYWOOD, FL 33021 US

Title: VD () Delete Title: () Change () Addition

 Name:
 KASSAL, MICHAEL,
 Name:

 Address:
 4740 NORTH 33RD COURT
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

Title: V () Delete Title: VP (X) Change () Addition

Name:MCGINNESS, H JAMES,Name:MCGINNESS, H JAMES,Address:4407 SW 24TH AVENUEAddress:4407 SW 24TH AVENUECity-St-Zip:FT LAUDERDALE FL,City-St-Zip:FT LAUDERDALE, FL 33311 US

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: PAUL KASSAL VP 04/26/2004