

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293702

FILED
Mar 16, 2006
Secretary of State

Entity Name: CROWN LIQUORS OF BROWARD, INC.

Current Principal Place of Business:

910 N W 10TH PLACE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

910 N W 10TH PLACE
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 59-1098051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINCHEVSKY, TODD L
C/O CROWN LIQUORS
910 NW 10TH PLACE
FORT LAUDERDALE, FL 33311 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KASSAL, STANLEY
Address: 393 CENTER ISLAND
City-St-Zip: GOLDEN BEACH, FL 33061 US

Title: VP () Delete
Name: KASSAL, PAUL
Address: 3160 N. 36TH STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VD () Delete
Name: KASSAL, MICHAEL,
Address: 4740 NORTH 33RD COURT
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: MCGINNESS, H JAMES,
Address: 4407 SW 24TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33311 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL KASSAL

VP

03/16/2006

Electronic Signature of Signing Officer or Director

Date