


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # 676009  
1. Entity Name  
IZZY'S LIQUORS, INC.



Principal Place of Business  
12846 SW 8TH STREET  
MIAMI, FL 33184

Mailing Address  
12846 SW 8TH STREET  
MIAMI, FL 33184



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2006203

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
IZAGUIRRE, LILIAN A  
12846 SW 8TH STREET  
MIAMI, FL 33184

**DO NOT WRITE IN THIS SPACE**

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 Florida. 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 when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS IZAGUIRRE, LILIAN 12846 SW 8TH STREET MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IZAGUIRRE, LILIAN 12846 SW 8TH STREET MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000214604  
02/04/05-80019-011 150.00

**DO NOT WRITE IN THIS SPACE**

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Lilian Izaguirre LILIAN IZAGUIRRE, PRES. 305 552 0084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #