

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 676009



Entity Name
LIQUORS, INC.

Principal Place of Business
2846 SW 8TH STREET
MIAMI, FL 33184

Mailing Address
12846 SW 8TH STREET
MIAMI, FL 33184



01112006 No Chg-P CR2E034 (11/05)

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
2846 SW 8TH STREET
MIAMI, FL 33184

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I, 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, 2006 Fee will be \$550.00

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

100000346484
 01/30/06-80011-020 150.00

OFFICERS AND DIRECTORS

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

DO NOT WRITE
IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Date **01/11/06**

305552008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #