## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 22, 2005 08:00 AM DOCUMENT # F93000005307 **Secretary of State** 1. Entity Name MUTUAL WHOLESALE LIQUOR INC. Principal Place of Business Mailing Address 4510 SOUTH BOYLE AVE. 4510 SOUTH BOYLE AVE. LOS ANGELES CA 90058 LOS ANGELES CA 90058 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 95-2110187 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIARLETTA, DAN 9252 SAN JOSE BLVD. #4503 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CDPT ☐ Delete LULE Change ☐ Additioл U00000239349 NAME BECKENFELD, MICKEY NAME 02/22/05-80041-006 150.00 STREET ADDRESS 1535 CARLA RIDGE STREET ADDRESS CITY-ST-7IP BEVERLY HILLS CA 90210 CLIY-SI-ZIP TITLE ☐ Delete Change Addition BECKENFELD, LILLIAN NAME NAME STREET ADORESS 1535 CARLA RIDGE STREET ADDRESS BEVERLY HILLS CA 90210 CiTY-ST-ZIP CHY-ST-ZIP Title ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIF CHY-ST-ZIP TITLE Delete Time Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TRUED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR

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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