


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
Feb 13, 2006 08:00 AM  
Secretary of State


DOCUMENT # F93000005307  
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.  
City & State City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent  
CIARLETTA, DAN  
9252 SAN JOSE BLVD. #4503  
JACKSONVILLE FL 32257



1st MOORE CR2E034 (10/05)  
4. FEI Number 95-2110187 Applied For Not Applied  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when applicable) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 Max Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPT BECKENFELD, MICKEY 1535 CARLA RIDGE BEVERLY HILLS CA 90210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 000000431887 02/23/06-80048-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BECKENFELD, LILLIAN 1535 CARLA RIDGE BEVERLY HILLS CA 90210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11, if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Mickey Beckenfeld* Mickey Beckenfeld-President 2/7/06 (323)587-7641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #