


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F93000005307 1. Entity Name MUTUAL WHOLESALE LIQUOR INC.	
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Principal Place of Business 4510 SOUTH BOYLE AVE. LOS ANGELES, CA 90058	Mailing Address 4510 SOUTH BOYLE AVE. LOS ANGELES, CA 90058
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CIARLETTA, DAN
9252 SAN JOSE BLVD. #4503
JACKSONVILLE, FL 32257**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

**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	CDPT BECKENFELD, MICKEY 1535 CARLA RIDGE BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BECKENFELD, LILLIAN 1535 CARLA RIDGE BEVERLY HILLS, CA 90210
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U00000955259
07/16/08-80008-024 550.00

**DO NOT WRITE
IN THIS SPACE**

12. 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:  **MICKY BECKENFELD** **07/09/08** **(323) 587-7641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED
Jul 16, 2008 08:00 AM
Secretary of State**



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-2110187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required