


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000134311						FILED 05 JUN -2 AM 10: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name FILE LIQUORS, INC.				Principal Place of Business			
11335 W. FLAGLER STREET MIAMI, FL 33174		Mailing Address 11335 W. FLAGLER STREET MIAMI, FL 33174		2. Principal Place of Business			
Suite, Apt. #, etc.		3. Mailing Address		Suite, Apt. #, etc.		4. FEI Number 20-1763165	
City & State		City & State		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
EDUARDO ANTON 1385 CORAL WAY SUITE 406 MIAMI, FL 33145				Name FLORIDA ANNUAL REPORT SERVICES, INC.			
				Street Address (P.O. Box Number is Not Acceptable) 2300 Coral Way, Suite # 200			
				City Miami		Zip Code FL 33145	
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 <i>Vivian Williams</i>				VIVIAN WILLIAMS, Secretary/Treasurer			
<small>Signature, typed or printed name of registered agent and title if applicable</small>				<small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, LUIS R 4091 WEST 9TH WAY HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, ILIANA 1901 SW 97th Avenue Miami, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T RUIZ, ILIANA 1901 SW 97TH AVENUE MIAMI, FL 33165	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>L. Ruiz</i>				4-18-05 (301) 823-0929			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			
Iliana Ruiz, President							



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ILRUIZ