


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90560 008 ***158.75


DOCUMENT # P99000056204
 1. Entity Name
 LYDIA'S LIQUORS, INC.



Principal Place of Business
 11753 SOUTH DIXIE HWY
 MIAMI, FL 33156

Mailing Address
 3001 NW 17 AVE
 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

| | |
|--|---------------------------------------|
| 4. FEI Number 65-0990818 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BARRIOS, JOSE ANONIO JR
 3001 NW 17 AVENUE
 MIAMI, FL 33142

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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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 | DP BARRIOS, JOSE ANTONIO JR 3001 NW 17 AVE MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST BARRIOS, JOSE ANTONIO SR 3001 NW 17 AVE MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PEREZ, BARBARA 3001 NW 17 AVE MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Jose Barrios* **4/11/05** **(305) 635 3382**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #