2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

01-12-2004 90026 017 ***100.00 **DOCUMENT # P00000020939** 02-05-2004 90005 047 ****50.00 EL BODEGON LIQUORS, INC. FUCUULE Principal Place of Business Mailing Address 6066 SW 8TH STREET 6066 SW 8TH STREET MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. 01072004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0987965 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POZA, NANCY Street Address (P.O. Box Number is Not Acceptable) 6066 SW 8TH STREET MIAMI, FL 33144 Zip Code 8. The above named grifty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar SIGNATURE (NOTE: Registered Agent algorature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Delete TITLE NAME POZA, JOSE L MAME STREET ADDRESS 6066 SW 8TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP TILLE ☐ Delete me ☐ Change ■ Addition NAME POZA, NANCY NAME STREET ADDRESS 6066 SW 8TH STREET STREET ALVONESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP Deleta ☐ Addition TITLE MLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TIRE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZP: ☐ Addition ☐ Delets NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 certify 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 any eddress, with all other like empowered.

FILED Feb 05, 2004 8:00 am Secretary of State

SIGNATURE: OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

January 14, 2004

EL BODEGON LIQUORS, INC. 6066 SW 8TH STREET MIAMI, FL 33144

Subject: EL BODEGON LIQUORS, INC.

Reference Number:

P00000020939

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION