2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 08:00 AM **DOCUMENT # 176242** Secretary of State WEEKS BOTTLEGAS & APPLIANCE COMPANY ' Mailing Address Principal Place of Business 3800 NW 59 ST 3800 NW 59 ST MIAMI, FL 33142 MIAMI, FL 33142 US US CR2E034 (11/05) 01032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0704162 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE MILLER, JEFFREY S 3800 NW 59 ST. MIAMI, FL 33142 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of recistered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ΠTLE MILLER, JEFFREY S NAME STREET ADDRESS 55 E SAN MARINO CITY-ST-ZIP MIAMI BCH, FL 33139 U000000680056 VΡ TITLE 04/03/07-80063-007 158.75 ROYERO, FREDDY NAME STREET ADDRESS 11114 SW 138 CT. CITY-ST-ZIP MIAMI, FL 33186 S TTTLE KNORR, STEPHEN M NAME STREET ADDRESS 18382 SW 33 STREET DO NOT WRITE CITY-ST-ZIP MIRAMAR, FL 33029 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 cath; 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

EDHEN M. KNORR

01/04/07

305-635-4427