


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 335176</b> 1. Entity Name ALPINE LIQUOR INC	
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Principal Place of Business  
7501 NEBRASKA AVENUE  
TAMPA, FL 33604

Mailing Address  
7501 NEBRASKA AVENUE  
TAMPA, FL 33604



03192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1219438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MANOLT, ALBERT V III  
408 4TH AVENUE NORTH  
TIERRA VERDE, FL 33715

**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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000875080  
04/11/08-00018-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MANOLT, ALBERT V JR
STREET ADDRESS	7501 N. NEBRASKA AVE.
CITY- ST- ZIP	TAMPA, FL 33604
TITLE	PSD
NAME	MANOLT, ALBERT V III
STREET ADDRESS	408 4TH AVENUE NORTH
CITY- ST- ZIP	TIERRA VERDE, FL 33715
TITLE	VTD
NAME	MANOLT, MIKE
STREET ADDRESS	429 EAST COUNTY LINE RD.
CITY- ST- ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:** Albert V. Manolt, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT V. MANOLT, JR.

Date

2-29-08

Daytime Phone #

(813) 239-3595