2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

Maillog Address 1542 US HMY 19 1542 US HMY 19 1542 US HMY 19 16UUAN, FL 34691 2. Principal Place of Business - No P.O. Box #	DOCUMENT # H28211					03-31-2008 90003 031 ***150.00		
1.542 IS HWY 19 HOLDAY, FL 34691 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suria, Apl. 4. etc.	Entity Name UNIVERSAL LIQUORS ENTERPRISES, INC.							
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Second S	Suite, Apt. #. etc.		Suite, Apt. #, etc.			03182008 Chg-P CR2E034 (12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent of both, in the State of Pondia. I am familiar with, and accept the obligations of physicyted agent. 8. The above named entity submits this statement for the purpose of changing its registered agent of both, in the State of Pondia. I am familiar with, and accept the obligations of physicyted agent. 8. The above named entity submits this statement for the purpose of changing its registered agent of both, in the State of Pondia. I am familiar with, and accept the obligations of physicyted agent. 8. Signature. The Now International Properties of the properties of the obligations of physicyted agent. 8. Signature. The Now International Properties and Diffections in 11 and 12 an	City & State		City & State					
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8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of protection of the purpose of changing its registered diffice or registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of protection of the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of protection of the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of protection of the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of protection of the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of protections of protection of the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the or registered agent. Or both, in the State of Florida. I am familiar with, and accept the purpose of protection. Or registered agent. Or both, in the State of Florida. I am familiar with, and accept the purpose of protection. Or registered agent agent. Or protection. 10. OFFICERS AND DIRECTORS 9. Electron Campage Financing 9. Electron Campage Fin	1542 US HWY 19							
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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: Molat Januario Robert Janevski President 3/216/08 727-937-8330

SIGNATURE: SIGNATURE STOPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #