


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K33834		
1. Entity Name WEISER LIQUORS, INC.		

Principal Place of Business 5479 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308	Mailing Address 5479 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
07 MAY 14 AM 8:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



05092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  JOEL WEISER 5479 N. FEDERAL HIGHWAY FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name <u>MURIEL Weiser</u> Street Address (P.O. Box Number is Not Acceptable) <u>5479 N. FEDERAL HIGHWAY</u> City <u>FT. LAUDERDALE</u> FL Zip Code <u>33308</u>	
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: <u>Muriel Weiser</u> MURIEL WEISER		DATE: <u>5/09/07</u>	

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISER, JOEL 5479 N FEDERAL HWY FORT LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500103096855 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/23/07--01014--011 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEISER, MURIEL 5479 N. FEDERAL HWY. FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MURIEL WEISER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5479 N. FEDERAL HWY FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>5/12</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Muriel Weiser</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>5/09/07</u> 954-224-6042 Daytime Phone #