


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90383 033 \*\*\*150.00

**DOCUMENT # P0000020939**

1. Entity Name  
 EL BODEGON LIQUORS, INC.



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.

City & State      City & State  
 Zip      Country      Zip      Country



01062005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0987965      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent      | 7. Name and Address of New Registered Agent        |
|--|--|
| POZA, NANCY<br>6066 SW 8TH STREET<br>MIAMI, FL 33144 | Name   |
|  | Street Address (P.O. Box Number is Not Acceptable) |
|  | City   |
|  | FL      Zip Code                                   |

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]*      DATE *4/20/2005*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | POZA, JOSE L                      | NAME  |   |
| STREET ADDRESS             | 6066 SW 8TH STREET                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | MIAMI, FL 33144                   | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | POZA, NANCY                       | NAME  |   |
| STREET ADDRESS             | 6066 SW 8TH STREET                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | MIAMI, FL 33144                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| 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 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 *[Signature]*      *Vice-President 305-5935211*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #