


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000047044
1. Entity Name
JM LIQUORS, INC.



Principal Place of Business 6211 NW 7TH AVENUE MIAMI, FL 33150	Mailing Address 3300 N 29TH AVE SUITE 102 HOLLYWOOD, FL 33020
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1018445	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**HACKER, GARY CPA
3300 N 29TH AVE
SUITE 102
HOLLYWOOD, FL 33020**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, JUANITA 3300 N 29TH AVE SUITE 102 HOLLYWOOD, FL 33020
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **JUANITA MOORE** 2/6/04 (954)922-2207
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #