

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064509

Entity Name: LIBATIONS FULFILLMENT, INC.

FILED
Mar 29, 2004
Secretary of State

Current Principal Place of Business:

5342 NW 119 TERRACE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

PO BOX 8876
CORAL SPRINGS, FL 330758876

New Mailing Address:

FEI Number: 65-1021987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIEF, CINDY
5342 NW 119 TERRACE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRIEF, CINDY
Address: 5342 NW 119 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY BRIEF

PRES

03/29/2004

Electronic Signature of Signing Officer or Director

Date