

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90097 017 \*\*\*158.75

<b>DOCUMENT # P00000095087</b> 1. Entity Name <b>TUCKERS LIQUORS &amp; LOUNGE, INC.</b>					
Principal Place of Business <b>675 IVES DAIRY ROAD APT. 111 NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>675 IVES DAIRY ROAD APT. 111 NORTH MIAMI BEACH, FL 33179</b>		
2. Principal Place of Business <b>11401 NW 27th Ave</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MIAMI FL.</b>			City & State		
Zip <b>33167</b>		Country <b>USA</b>		Zip	
Country		Country		4. FEI Number <b>65-1052592</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
<b>\$8.75 Additional Fee Required</b>				04192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>AROCHO, SANDY 791 NE 77TH STREET MIAMI, FL 33138</b>				7. Name and Address of New Registered Agent Name <b>BROWN, ULYSSES</b> Street Address (P.O. Box Number is Not Acceptable) <b>11401 NW 27th Avenue</b> City <b>MIAMI</b> FL Zip <b>33167</b>	
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 <i>Ulysses Brown</i> <b>ULYSSES BROWN</b> <b>4/19/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ULYSSES JR 675 IVES DAIRY ROAD APT 111 MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/11/D BROWN, ULYSSES JR. 675 IVES DAIRY RD APT 111 MIAMI FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AROCHO, SANDY 791 NE 77TH STREET MIAMI FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AROCHO, SANDY 791 NE 77TH STREET MIAMI FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>Ulysses Brown</i>			<b>ULYSSES BROWN P/S/T 4/19/04</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		