


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90315 040 ***150.00

DOCUMENT # P00000110540 1. Entity Name DISCOUNT BEVERAGE WAREHOUSE, INC.					
Principal Place of Business 8020 S.W. 162 ST. MIAMI, FL 33157			Mailing Address 8020 S.W. 162 ST. MIAMI, FL 33157		
2. Principal Place of Business 4031 NW 2 Avenue		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Suite, Apt. #, etc.		4. FEI Number 01-0642280	
Zip 33127		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENITEZ, MIGUEL 2333 BRICKELL AVENUE SUITE 1707 MIAMI, FL 33129			7. Name and Address of New Registered Agent Name Miguel Benitez Street Address (P.O. Box Number is Not Acceptable) 8020 SW 162 Street City Miami		
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><i>Miguel Benitez</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/8/04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BENITEZ, MIGUEL STREET ADDRESS 2333 BRICKELL AVENUE #1707 CITY-ST-ZIP MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE D NAME Miguel Benitez STREET ADDRESS 8020 SW 162 Street CITY-ST-ZIP Miami, FL 33157	<input checked="" 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	
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	
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 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: <u><i>Miguel Benitez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/8/04</u> Daytime Phone #: <u>305-576-3440</u>		