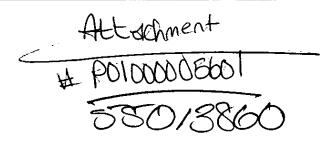
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2003 8:00 am Secretary of State

2/7

1. Entity Nam		00000560			0	2-07-2003 90	065 005 †	***150	0.00		
Principal Place of Business Mailing Address 10720 NW 66 ST. APT 209 10720 NW 66 ST. APT 209 MIAMI FL 33178 MIAMI FL 33178							· -		·		
2. Principal Place of Business		3. Mailing Add	3. Mailing Address			\$ 0.6 68		ESSON BISHE BISH	j Isakan kabi	10.01	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FE	I Number APPLI	ED FOR		Applied F		
Zip Country		Zip	Zip Country		5. Ce	ortificate of Status D	97 05 57 esired	\$8.75 A	dditional		
	6. Name and Address of Cu	rent Realstered Agent	_	Τ.	7. Na	me and Address o	1 New Registered		1		
				Name				شد ، به ۱۰۰۰ شد			
URIBE, AN	IA 66 ST, APT 209	· <u>-</u> · · · · · · · · · · · · · · · · · · ·				Number is Not Ac					
MIAMI FL				-							
. 1			•	City			F		i		
	named entity submits this statem	ent for the purpose of cl	hanging its register	ed office or registe	ered agen	at, or both, in the St	ate of Florida. I am	familiar with	n, and ac	cept	
SIGNATURE	Aualule					7.	03-03	1	Í	_ }	
· · · · · •	Signature, typed or firlmed name of registered	d agent and title if epplicable.	(NOTE: Pegisteri	ed Agent signature require	ed when reins	stating)	DATE		.		
Afte	ILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$55 k Payable to Florida Departme	0.00				9. Election Camp Trust Fund Co			.00 May ed to Fee		
10.	<u> </u>	AND DIRECTORS	11.		ADD	ITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	RS IN 11		
TITLE	AVP		Delete TITL	1,,		•		☐ Change	A	ddition	
NAME STREET ADDRESS	URIBE, ANA 10720 NW 66 ST, APT 209		NAA STR	ie Eet address							
CITY-ST-ZIP	MIAMI FL 33178		_	/-ST-ZIP						ddition	
TITLE	ALCOMOCOO CADOLINA		Delete TITL				,	☐ Change	: 🗆 🧌	ddition	
NAME STREET ADDRESS	RESTREPO, CAROLINA 10720 NW 66 STREET, APT MIAMI FL 33178	209		EET ADDRESS (-ST-ZIP		•					
TITLE	MIPANI PL 33170		Oelete TITL				.	☐ Change	- □ A	dition	
NAME	اغور سنين شورسه ويوس چند د پرسيد	پین سندیس درست و پیدست	NAM	·		<u>ىرىنى سىيارى، مىشارە الى</u>	گاه مسچند رسمه مستری در	.	j		
STREET ADDRESS CITY-ST-ZIP				EET ADORESS /-st-zip							
TITLE			Delete TiTL	- I				☐ Change	☐ A	ddition	
NAME			NA).	re Eet address					,	.]	
STREET ADDRESS CITY+ST+ZIP	,			r-ST-ZIP					! !		
TITLE		. 0	Delete TITL		···			☐ Change	^A	ddition	
NAME STREET ADDRESS		- · ·	NAN - STR	ie Eet address =	:.	·			ļ		
CITY-ST-ZIP			_	-ST-ZIP		· -					
TITLE			Delete TITL	_ ;				☐ Change	□ Ą	ddition	
NAME STREET ADDRESS			NAM STR.	NE EET ADDRESS					1	}	
CITY-ST-ZIP				-ST-ZIP					į		
12. hereby	certify that the information supplie	d with this filing does no	t qualify for the exe	mption stated in S	Section 11	9.07(3)(i), Florida S	tatutes. I further co	rtify that the	informat	tion	
of the cor	ter thy that the information supplies to this report or supplemental re- reporation or the receiver or trustee or on an attachment with an add	empowered to execute	this report as requi	ired by Chapter 60	7, Florida	i Statutes; and that	my name appears	in Block 10	or Block	11 if	



	AMOUNT OF DEPOSIT	AMOUNT OF DEPOSIT (Do NOT type, please print.)			+a	F Darker	
Mark the "X" in this	DOLLA	RS	CENTS	TYPE C	TAX PLRICE		
box only if there is a change to Employer Identification Number				Ø 941	945	1st Quarter	
(EIN) or Name.				Ø C 990-	O 1120	2nd Quarter	
See instructions on page 1.	EIN 6	5-1070551	151475	943	Ø 990-T	Quarter 4th	
	DORAL LIQUOR INC		IRS USE ONLY	O 720	990- PF	Quarter	
	10720 NW 66TH ST 20 11AMI FL 33178-365		0	O CT-1	0 1042 !		
				940		P5	
07 2 Telephone number ()		FOR	BANK USE IN MI	CR ENCODING		
Form 8109 (Rev. 10-96)						1	