

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000047559



1. Entity Name
ASIAN GROCERY & LIQUOR, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 10 PM 2:21

Principal Place of Business
3280 W NEW HAVEN AVE
W MELBOURNE, FL 32904

Mailing Address
3280 W NEW HAVEN AVE
W MELBOURNE, FL 32904

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03242008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3718860	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PALIN, HANH T
3280 W NEW HAVEN AVE
W MELBOURNE, FL 32904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PALIN, HANH T 718 TOOLEY RD SW PALM BAY, FL 32908	<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	D STRICKLAND, FRANK B 4803 O'DELL Rd. BARDHALL B179-60 HEAVEN AVE NEW YORK, NY 10032 BELTVILLE, MD 20705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800121075898 03/24/08--01006--023 **150.00
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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 exemptions contained in Chapter 119, 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: HANH T. PALIN Hanh T. Palin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08 (321)799-5000
Date Daytime Phone #