

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90064 044 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P01000076718  
 1. Entity Name **Drinks and Deli, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>171 NW 151 Ave.</b>	3. Mailing Address <b>171 NW 151 Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

**80050157**  
 DO NOT WRITE IN THIS SPACE

City & State <b>Pembroke Pines FL</b>	City & State <b>Pembroke Pines FL</b>	4. FEI Number <b>65-1126784</b>	Applied For Not Applicable
Zip <b>33028</b>	Country <b>US</b>	Zip <b>33028</b>	Country <b>US</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
 IN THIS SPACE**

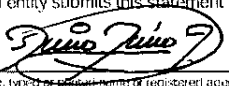
7. Name and Address of Current Registered Agent

Name **Dario Gomez**

Street Address (P.O. Box Number is Not Acceptable)  
**171 NW 151 Ave.**

City **Pembroke Pines FL** Zip Code **33028**

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.

SIGNATURE  DATE **2/29/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dario Gomez</b> <i>D, P</i> <b>171 NW 151 Ave.</b> <b>Pembroke Pines FL 33028</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Carlos M. Gomez</b> <i>VP</i> <b>171 NW 151 Ave.</b> <b>Pembroke Pines FL 33028</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE          IN THIS SPACE</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **2/29/02** 9544328467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)