


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 004 ***150.00

DOCUMENT # P02000009065	
1. Entity Name ANGEL "GULF" LIQUOR, INC.	

Principal Place of Business 1220 SW 57TH AVE. WEST MIAMI FL 33144	Mailing Address 1220 SW 57TH AVE. WEST MIAMI FL 33144
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2. Principal Place of Business - No P.C. Box # 1220 SW 57 AVE	3. Mailing Address 1220 SW 57 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State West Miami, FL	City & State West Miami FL	4. FEI Number 03-0380290	Applied For <input type="checkbox"/> Not Applicable
Zip 33144	Country U.S.A	Zip 33144	Country U.S.A

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VISCO, EMILCI F
 888 SW 57TH AVENUE
 MIAMI FL 33144

7. Name and Address of New Registered Agent

Name
Emilci F. Viso

Street Address (P.O. Box Number is Not Acceptable)
1220 SW 57 AVE

City West Miami FL Zip Code 33144

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]* (NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VISO, EMILCI F 888 SW 57TH AVENUE WEST MIAMI FL 33144	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREIRA, JOSE L 1220 SW 57TH AVENUE MIAMI FL 33144	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* Jose L. Moreira 3/5/08 (305) 260-7787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #