

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90232 004 \*\*\*150.00

**DOCUMENT # P02000009065**

1. Entity Name  
ANGEL "GULF" LIQUOR, INC.



Principal Place of Business  
888 SW 57TH AVENUE  
WEST MIAMI FL 33134

Mailing Address  
888 SW 57TH AVENUE  
WEST MIAMI FL 33134

**55052273**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0380290

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARCIA, MILEYDYS  
760 NW 40TH AVE  
MIAMI FL 33126

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	GARCIA, MILEYDYS	
STREET ADDRESS	760 NW 40TH AVE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED MILEYDYS Garcia 2/17/2003 647-2708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

Miami, Florida

July 18, 2003

55052273  
PO2000009065

Angel Gulf Liquor, Inc.  
888 SW 57th Avenue  
Miami, FL 33134

Florida Department of State  
Division of Corporation

Reference Number: **P02000009065**

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Please be advise that we received your letter where you explain that you received the payment for the annual report/uniform business report but the federal employer identification number was missing, after that I sent a copy again with the information that you request me, now I received a second noticed annual report/uniform business report which make me think that you do not received the copy that I sent to you four months ago. Now I am sending you the Uniform Business report copy again.

I appreciate your cooperation on this matter.

Sincerely,

Angel Gulf Liquor, Inc.

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