

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027127

FILED
Mar 09, 2009
Secretary of State

Entity Name: FAMILY DISCOUNT BEVERAGE INC.

Current Principal Place of Business:

808 INGRAHAM AVENUE
HIANES CITY, FL 33844

New Principal Place of Business:

808 INGRAHAM AVENUE
HAINES CITY, FL 33844

Current Mailing Address:

808 INGRAHAM AVENUE
HIANES CITY, FL 33844

New Mailing Address:

808 INGRAHAM AVENUE
HAINES CITY, FL 33844

FEI Number: 04-3622144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTAFA, ASLAN TAWFIG
808 INGRAHAM AVENUE
HIANES CITY, FL 33844 US

Name and Address of New Registered Agent:

MUSTAFA, ASLAN TAWFIG
808 INGRAHAM AVENUE
HAINES CITY, FL 33844 US

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: ASLAN TAWFIG MUSTAFA

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUSTAFA, ASLAN TAWFIG
Address: 808 INGRAHAM AVENUE
City-St-Zip: HIANES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUSTAFA, ASLAN TAWFIG
Address: 808 INGRAHAM AVENUE
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASLAN TAWFIG MUSTAFA

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date