2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000087525

1. Entity Name
WHISKEY SIERRA INC.



FILED Mar 26, 2004 08:00 AM Secretary of State

Principal Place of Business

10847 SW 188 ST MIAMI, FL 33157 Mailing Address

PO BOX 970938 MIAMI, FL 33197



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03102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 46-0495704 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, WILLIAM J 9761 SW 159 ST MIAMI, FL 33157

SIGNATURE:

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MIANNI, PL 3310/			IN THIS SPACE		
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, speed or printed name of registered agont and title if applicable (NOTE Registered				o required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaig Yrust Fund Contri			gnic	\$5.00 May Be Added to Fees	1100000097387 137728704-80036-024 20 0 00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHAW, WILLIAM J 9761 SW 159 ST MIAMI, FL 33157				
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TITLE NAME STREET ADDRESS CITY - ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					