UNIFORM BUSINESS REPORT (UBR) FILED Jun 02, 2004 8:00 am CUMENT # Liquor Three, Inc **Secretary of State** ity*Name 06-02-2004 90003 017 ***150.00 NO2000132791 DO NOT WRITE IN THIS SPACE **よいないひないな** ncipal Place of Business 8480 Sheldon Rd 3. Mailing Address 8480 Sheldon Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE e. Apt. #, etc. City & State 4. FEI Number State Applied For 七亿 $\mathcal{F}L_{\varepsilon}$ 33-1038305 Not Applicable Tampo 33612 \$8.75 Additional 5. Certificate of Status Desired 33612 Fee Required 7. Name and Address of Current Registered Agent Jarat Kumar DO NOTWREE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 1: May:1: Fee is \$150,00. May 1, Fee is \$550,00. nded:∪BR is \$61,25≂ x s corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be filing requirement and elects to do so. Trust Fund Contribution. e criteria on back) OFFICERS AND DIRECTORS CR2E034B (12/01) BHARATKUMAR D. PATEL 7575 ST. STEPHENS ORLANDO, FL. 32835 MRESS STREET ADDRESS CITY ST-ZIE TITLE :: 1 JYOTENDRA PATEL 5185 WARRIOR LANE DRESS KISSIMMEE, FL. 34746 PINAL PATEL 720 N.W. SANTA FE BLVD. STREET ADORESS CITYAST-ZIP DONOTWRITE HIGH SPRINGS, FL 32643 TITLE (+). IN THIS SPACE **DRESS** DRESS STREET ADDRESS TITLE NAME ORESS STREET ADDRESS CITY_ST-ZIP reby 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 cated 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 to corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an chiment with an address, with all other like empowered.

05.12.04

407-474-5335

7IP

IATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment 44046084

By Certified Mail

LIQUOR THREE, INC. 8480 SHELDON RD TAMPA, FL 33612

MAY 13, 2004

Secretary of State Division of Corporation P.O.Box 6327 Tallahassee Fl 32314

Ref: -

Document #P02000132791 EIN: -33-1038305

Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned PATEL BHARATKUMAR D., President of LIQUOR THREE, INC. would like to request you to reinstatement & waive the penalty for non-payment of Annual Filing Fees for 2004 on the following grounds.

I never received the Annual Filing Form for 2004, may be lost in the mail and/or delivered back to you, which was not forwarded to us, because of new address. Unfortunatley, I never realized that I did not pay the annual filing fee for 2004 as I did not received the Filing Form for the year 2004. I made a mistake due to lack of knowledge and information & unavoidable circmustances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annual filing fee for 2004 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you. Sincerely,

(BHARATKUMAR D. PATEL)

encl:- as above Ck of \$150