## Apr 25, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P03000002473** 04-25-2007 90165 012 \*\*\*150.00 NICKS DISCOUNT BEVERAGE, INC. **Ա**ԾԾ • • Principal Place of Business Mailing Address 3428 SWINDELL ROAD 3428 SWINDELL ROAD LAKELAND, FL 33810 LAKELAND, FL 33810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number 82-0579932 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIN, HAENG K Street Address (P.O. Box Number is Not Acceptable) 3428 SWINDELL ROAD LAKELAND, FL 33810

Applied For

Zip Code

☐ Change

Duytime Phone #

☐ Addition

Not Applicable

Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THLE ☐ Change ☐ Addition SHIN HAENG K NAME NAME STREET ADDRESS 3428 SWINDELL ROAD STREET ADDRESS LAKELAND, FL 33810 CHTY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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.

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City

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.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: