Received: 5/25/05 12:08PM; 305 448 5448 -> Hoyos

May 25 2005 11:12 Marcelo M. Agudo, P. A.

FILED
Jun 01, 2005 8:00 am
Secretary of State

04-29-2005 90175 046 ***150.00

Amended

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000004490

1. Entity Name
LIQUORLAND, INC.

66020481

Principal Place of Business	Mailing Address
THE COLONNADE OFFICE TOWER PH 1120 2333 PONCE DE LEON BLVD CORAL GABLES, FL 33134	THE COLONNADE OFFICE TOWER PH 1120 2333 PONCE DE LEON BLVD CORAL GABLES, FL 33134
2. Principal Place of Business: 2159 NW 7th Street	3. Mailing Address: 1516 NW 27th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33125 Country: US	Zip: 33125 Country: US

04282005 Chg-P CR2E034 (10/03)

4. FEI Number: APPLIED FOR 14-1875042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUDO, MARCELO M ESQ
THE COLONNADE OFFICE TOWER PH 1120
2333 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Eddie Cruz

Street Address (P.O. Box Number is Not Acceptable): 1516 NW 27th Ave

City: Miami FL Zip Code: 33125

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: Eduardo E. C[signature] President 4/28/05

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, 2005 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, EDUARDO E 1516 N.W. 27 AVENUE MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Eduardo E. C[signature] 4/28/05 305-635-0565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Please update the Mailing Address & Registered Agent.