
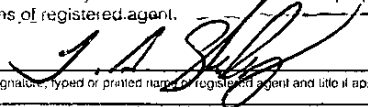


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90088 008 ***158.75

| | | | |
|---|---|--|---|
| DOCUMENT # P03000025770 1. Entity Name SHARKEY LIQUORS, INC. | |  | |
| Principal Place of Business 6510 NW 11TH STREET MARGATE FL 33063 | | Mailing Address 6510 NW 11TH STREET MARGATE FL 33063 | |
| 2. Principal Place of Business 5889 MARGATE BLVD. Suite, Apt. #, etc. | | 3. Mailing Address 6510 N.W. 11th St Suite, Apt. #, etc. | |
| City & State MARGATE, FL Zip 33063 | | City & State MARGATE FL Zip 33063 | |
| Country BROWARD | | Country BROWARD | |
| 4. FEI Number 04-3745140 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent SHARKEY, T.A. 6510 NW 11TH STREET MARGATE FL 33063 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | 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  T.A. SHARKEY President JAN, 24, 2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D SHARKEY, T.A. 6510 NW 11TH STREET MARGATE FL 33063 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARKEY, DAWN M 6510 NW 11TH STREET MARGATE FL 33063 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #