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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028962

1. Entity Name
DAVIE LIQUORS & WINE, INC.

Principal Place of Business	Mailing Address
~~16774 SW 88 STREET~~ ~~MIAMI, FL 33196~~	~~16774 SW 88 STREET~~ ~~MIAMI, FL 33196~~
2. Principal Place of Business: 5993 Stirling Road	3. Mailing Address: 5993 Stirling Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33114 Country: USA	Zip: 33114 Country: USA

02282004 Chg-P CR2E034 (10/03)

4. FEI Number 86-1071565 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~LOPEZ, RICARDO~~
~~16774 SW 88 STREET~~
~~MIAMI, FL 33196~~

7. Name and Address of New Registered Agent
Name: JUAN AMORTEGUI
Street Address (P.O. Box Number is Not Acceptable): 4279 GREEN BRIAN LN
City: WESTON FL Zip Code: 33331

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]
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, 2004 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: PSD NAME: ~~LOPEZ, RICARDO~~ STREET ADDRESS: ~~16774 SW 88 STREET~~ CITY-ST-ZIP: ~~MIAMI, FL 33196~~	☒ Delete	TITLE: PSTD NAME: Juan Amortegui STREET ADDRESS: 4279 Green Brian LN. CITY-ST-ZIP: Weston, FL 33331	☒ Change ☒ Addition
TITLE: ~~VPD~~ NAME: ~~LOPEZ, ANDRES~~ STREET ADDRESS: ~~16774 SW 88 STREET~~ CITY-ST-ZIP: ~~MIAMI, FL 33196~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4-7-04 305-553-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #