

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

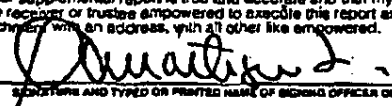
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66429282



02282004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000028962			
1. Entity Name DAVIE LIQUORS & WINE, INC.			
Principal Place of Business 16774 SW 88 STREET MIAMI, FL 33196		Mailing Address 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	
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 agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent's Signature Required when Submitting) 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 PSD NAME Juan Amortegui STREET ADDRESS 4279 Green Brian LN. CITY-ST-ZIP Weston, FL 33331 ☒ Change ☒ Addition	
TITLE VPO 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	
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: 		4-7-04 305-553-4333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Corporate Page 0	