
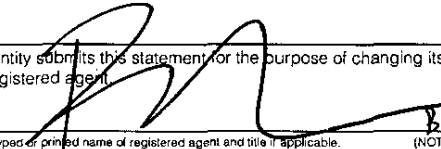
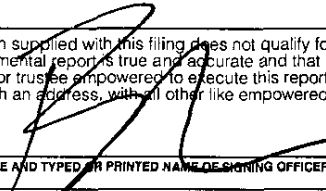


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90216 043 \*\*\*150.00

<b>DOCUMENT # P03000029631</b> 1. Entity Name <b>SPIRITS OF GUATEMALA, INC.</b>			
Principal Place of Business <b>C/I ALLEN &amp; GALEGO</b> <b>601 BRICKELL KEY DRIVE SUITE 805</b> <b>MIAMI, FL 33131</b>		Mailing Address <b>C/I ALLEN &amp; GALEGO</b> <b>601 BRICKELL KEY DRIVE SUITE 805</b> <b>MIAMI, FL 33131</b>	
2. Principal Place of Business <b>ROBERT ALLEN LAW</b>		3. Mailing Address <b>ROBERT ALLEN LAW</b>	
Suite, Apt. #, etc. <b>1441 BRICKELL AVE. SUITE 1014</b>		Suite, Apt. #, etc. <b>1441 BRICKELL AVE. SUITE 1014</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33131</b>		Zip <b>33131</b>	
Country 		Country 	
4. FEI Number <b>80-0101582</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALLEN &amp; GALEGO</b> <b>601 BRICKELL KEY DRIVE SUITE 805</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>ROBERT ALLEN LAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>1441 Brickell Ave. Suite 1014</b> City <b>MIAMI</b> FL <b>33131</b>	
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  By: <b>Robert N. Allen Law</b> PRESIDENT 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>Alvaro Hugo Salguero TOBAR</b> <b>1441 BRICKELL AVE #1014</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD</b> <b>Oscar Aurelio Von Anshlem Gonzalez</b> <b>1441 Brickell Ave #1014</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		<b>Robert N. Allen Jr.</b> 4-29-04 305-3723300 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	

94073772



04292004 Chg-P CR2E034 (10/03)