2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2005 8:00 am Secretary of State DOCUMENT # P03000050466 1. Entity Name 03-23-2005 90035 038 ***150.00 OLGA'S LIQUORS INC Principal Place of Business Mailing Address 14556 BALGOWAN RD MIAMI LAKES FL 33016 14556 BALGOWAN RD MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 02-0690858 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Vicenta Olga Coto SANABRIA, ERDUIS M Street Address (P.O. Box Number is Not Acceptable) 14556 BALGOWAN RD MIAMI LAKES FL 33016 168 810 NW 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 5 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP TITLE Addition ☐ Delete NAME COTO, VICENTA OLGA NAME 810 NW 168 DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --- Delste TITLE.____ ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: <

Vicenta

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/14/05. (305) 229 - 1930

FILED