2005 FOR PROFIT CORPORATION

Apr 08, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000061104 04-08-2005 90072 026 ***150.00 SAN MATEO DISCOUNT BEVERAGE, INC. Principal Place of Business Mailing Address 730-B HWY 17TH SOUTH 730-B HWY 17TH SOUTH SAN MATEO, FL 32187 SAN MATEO, FL 32187 03302005 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0185410 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MEAS, CHAMREOUN DO NOT WRITE 1828 SEA PINES LANE ORANGE PARK, FL 32003 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE LIM, SOPHAN NAME STREET ADDRESS 1828 SEA PINES LANE CITY-ST-ZIP ORANGE PARK, FL 32003 TITLE CHAMREOUN, MEAS NAME STREET ADDRESS 1828 SEA PINES LAKE ORANGE PARK, FL 32003 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

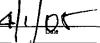
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

OF SIGNING OFFICER OR DIRECTOR



FILED