


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90072 026 ***150.00

DOCUMENT # P03000061104 1. Entity Name SAN MATEO DISCOUNT BEVERAGE, INC.	
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Principal Place of Business 730-B HWY 17TH SOUTH SAN MATEO, FL 32187	Mailing Address 730-B HWY 17TH SOUTH SAN MATEO, FL 32187
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0185410	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MEAS, CHAMREOUN
1828 SEA PINES LANE
ORANGE PARK, FL 32003

DO NOT WRITE 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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIM, SOPHAN 1828 SEA PINES LANE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAMREOUN, MEAS 1828 SEA PINES LAKE ORANGE PARK, FL 32003
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DO NOT WRITE IN THIS SPACE

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: *Sophan Lim* 4/1/05 215-5613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #