

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90275 026 ***150.00

DOCUMENT # P03000142391					
1. Entity Name NORTH AMERICAN ALCOHOLS, INC.					
Principal Place of Business 1785 SHOWER TREE WAY WELLINGTON, FL 33414 US			Mailing Address 1785 SHOWER TREE WAY WELLINGTON, FL 33414 US		
2. Principal Place of Business		3. Mailing Address c/o Mario G. de Mendoza, III, PA			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12765 Forest Hill Blvd., #1302			
City & State		City & State Wellington, Florida		4. FEI Number 32-0105446	
Zip		Zip 33414		Country Palm Beach	
6. Name and Address of Current Registered Agent REISER, STEPHEN C 1785 SHOWER TREE WAY WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Blvd., Suite 1302 City Wellington FL Zip Code 33414	
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. <u>Mario G. de Mendoza, III, P.A.</u>					
SIGNATURE <u><i>[Signature]</i></u> Mario G. de Mendoza, III, President				DATE 4/6/04	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME REISER, STEPHEN C STREET ADDRESS 1785 SHOWER TREE WAY CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE P/D/S NAME REISER, STEPHEN C. STREET ADDRESS 1785 SHOWER TREE WAY CITY-ST-ZIP WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME REISER, LINDA R STREET ADDRESS 1785 SHOWER TREE WAY CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE VP/T/D, LINDA R. NAME REISER, LINDA R. STREET ADDRESS 1785 SHOWER TREE WAY CITY-ST-ZIP WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME LIGHTNER, M. WILLIAM STREET ADDRESS 12765 FOREST HILL BLVD., #1302 CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" 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: <u><i>[Signature]</i></u> , Stephen C. Reiser, President ✓ 4/26/04 (561) 793-6795					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					