


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90082 049 ***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 C/O MARIO G. DE MENDOZA, III, PA 12765 FOREST HILL BLVD., #1302 WELLINGTON, FL 33414 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03232005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 32-0105446	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent DE MENDOZA, MARIO G III 12765 FOREST HILL BLVD., #1302 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, #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. SIGNATURE BY <u>MARIO G. DE MENDOZA, III, P.A.</u> <u>Mario G. de Mendoza, III, Pres.</u> DATE _____ <small>Signature, type or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PDS REISER, STEPHEN C 1785 SHOWER TREE WAY WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD REISER, LINDA R 1785 SHOWER TREE WAY WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHTNER, WILLIAM M 12765 FOREST HILL BLVD., #1302 WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, G. EDWARD 12765 Forest Hill Blvd, #1302 Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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>Stephen C. Reiser</u> <u>Stephen C. Reiser, Pres.</u> <u>3/28/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					