

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000134311 1. Entity Name FILE LIQUORS, INC.						FILED 05 JUN -2 AM 10: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 11335 W. FLAGLER STREET MIAMI, FL 33174				Mailing Address 11335 W. FLAGLER STREET MIAMI, FL 33174			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-1763165				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EDUARDO ANTON 1385 CORAL WAY SUITE 406 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name FLORIDA ANNUAL REPORT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 Coral Way, Suite # 200 City Miami FL Zip Code 33145			
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 <i>Vivian Williams</i> VIVIAN WILLIAMS, Secretary/Treasurer <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</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 P <input checked="" type="checkbox"/> Delete NAME MARTINEZ, LUIS R STREET ADDRESS 4091 WEST 9TH WAY CITY-ST-ZIP HIALEAH, FL 33012				TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME RUIZ, ILIANA STREET ADDRESS 1901 SW 97th Avenue CITY-ST-ZIP Miami, FL 33165			
TITLE S, T <input type="checkbox"/> Delete NAME RUIZ, ILIANA STREET ADDRESS 1901 SW 97TH AVENUE CITY-ST-ZIP MIAMI, FL 33165				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <i>Ilana Ruiz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-18-05 (301) 823-0929 <small>Daytime Phone #</small>			

Ilana Ruiz, President