FILED Apr 18, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000150289 1. Entity Name STUART DISCOUNT BEVERAGE, INC.					04-18-2005 90265 018 ***150.00				
Principal Place	a of Rusinass	Mailing Address							
Principal Place of Business 3335 SE DIXIE HIGHWAY STUART, FL 34997		3335 SE DIXIE HIGHWAY STUART, FL 34997				erege coppedit	•		
					 	88111 BCB71 BBK14 BBK11 8811	I III II III III III III III III III I		1821 II 1881
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Numbe	04/4/51			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add	
	6. Name and Address of Current R	ealstered Agent			7. Name and	Address of New R		ee Required	1
4.			Name		11 //2///				
IBRAHIM,	AYDAH ::: IIXIE HIGHWAY	Street Address			P.O. Box Numb	er is Not Acceptable	·)		
STUART, I									
			City				FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	register	ed agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	g: (NOTE: R	legistered Agent signatu	re required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5. Add	00 May Be ed to Fees			a.s.	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS City-ST-ZIP	P IBRAHIM, ASAD 3335 SE DIXIE HIGHWAY STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IBRAHIM, AYDAH 3335 SE DIXIE HIGHWAY STUART, FL 34997	☐ Ociote	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO IBRAHIM, DEAN 3335 SE DIXIE HIGHWAY STUART, FL 34997	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete •	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				400 100	Change	Addition
TITLE NAME STREET ADDRESS CITY. ST. 7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ 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.

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