2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P05000030181 Feb 16, 2007 08:00 AM **Secretary of State** CHEN'S DISCOUNT BEVERAGE, INC. Principal Place of Business Mailing Address 2620 BLANDING BLVD 2620 BLANDING BLVD MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 20-2433703 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEN, ROTHA Street Address (P.O. Box Number is Not Acceptable) 2620 BLANDING BLVD MIDDLEBURG FL 32068 City Zin Codo 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition Delete TITLE CHEN, ROTHA NAME NAME U00000638290 2620 BLANDING BLVD STREET ADDRESS STREET ADDRESS 02/27/07-80024-015 150.00 MIDDLEBURG FL 32068 CITY - ST - ZIP CITY-ST-7IP Delete Change Addition TITLE HILE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILL ☐ Delete ☐ Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P ☐ Change ☐ Delete ☐ Addition TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SE-ZIP Defete Addition 11111 ☐ Change NAMI NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - 71P Addition TITLE Delete THILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

NOTHA CHEN

02-13.07

Daytime Phone #