## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000065488  1. Entity Name YENIA LIQUOR STORE, CORP.								08 MA	FILE Y-6	AM 8: 2!	5
Principal Place of Business 9570 SW 160 ST MIAMI, FL 33157			1	Mailing Address 120 S.W. 109 AVENUE APT. #4 MIAMI, FL 33174						FLORID	1001 11 1201
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04232008	Chg-P	CR2E	034 (12/06)	
City & State				City & State			4. FEI Numb	er PPLICABLE			plied For t Applicable
Zip	Country			Zip C		try	5. Certificate of Status De		\$8.75 Additional Fee Required		
6. Name and Address of Current R				egistered Agent		Name					
SEGUI, YENIA 120 S.W. 109 AVENUE APT. #4 MIAMI, FL 33174						FLORIDA ANNUAL REPORT SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE 200					
						City MIAMI			FL		
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)  DATE											
Amended AR is \$61.25				9. Election Campai Trust Fund Cont	_		.00 May Be led to Fees				
10.	Р	OFFICER	S AND DIRE		.	ADDITIONS	/CHANGES TO OFF	ICERS AN	D DIRECTORS	N 11	
TITLE NAME STREET ADDRESS	SEGUI, Y	ENIA 109 AVENUE AP	T. #4							□ ¢iailà	Addition
CITY-ST-ZIP	MIAMI, FL 33174			□ Delete 1111		-ST-ZiP				☐ Change	Addition
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TITLE	☐ Delete TITE									☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #											