


**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

00014400

<b>DOCUMENT # P05000084824</b> 1. Entity Name <b>V &amp; M DISCOUNT BEVERAGES, INC</b>			04-17-2006 90404 010 ***150.00
Principal Place of Business <b>200 BELCHER RD. N LARGO, FL 33771</b>		Mailing Address <b>200 BELCHER RD. N LARGO, FL 33771</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Largo FLORIDA</b>		City & State <b>Largo FLORIDA</b>	
Zip <b>33771</b>	Country <b>Pinellas</b>	Zip <b>33771</b>	Country <b>Pinellas</b>
6. Name and Address of Current Registered Agent  <b>SHAH, MAHESH 200 BELCHER RD. N LARGO, FL 33771</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when surrendering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PS <b>SHAH, MAHESH 200 BELCHER RD. N LARGO, FL 33771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <b>SHAH, VANDANA 200 BELCHER RD. N LARGO, FL 33771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 to this address, with all other like empowered.			
SIGNATURE: <u>Shah Mahesh Shankh Prasad</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			