

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90003 039 \*\*\*150.00

DOCUMENT # P05000096022

1. Entity Name  
MATHURIN BEVERAGES& DISCOUNT ,INC.



Principal Place of Business  
12989 W DIXIE HWY  
N.MIAMI, FL 33161

Mailing Address  
12989 W DIXIE  
N.MIAMI, FL 33161

40105016



2. Principal Place of Business

3. Mailing Address

12989 West Dixie Hwy  
Suite, Apt. #, etc.

12989 W. Dixie Hwy  
Suite, Apt. #, etc.

07102006 Chg:P CR2EU34 (11/05)

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33161

US

33161

US

4. FEI Number

Applied For

203106495

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHURIN, JEAN-LUDERS MR  
12989 W DIXIE  
N.MIAMI, FL, FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MATHURIN, JEAN-LUDERS MR	12989 W DIXIE HWY	N.MIAMI, FL 33161	
VP	MATHURIN, JOSETTE MS	1701 SW 14 TER	MIAMI, FL 33161	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Jean L Mathurin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/08/06  
Date Daytime Phone #