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Secretary of State

04-26-2007 90444 001 ***300.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000070854

1. Entity Name
MCK LIQUOR DEPOT INC.

66018067

Principal Place of Business	Mailing Address
1435 WASHINGTON AVE MIAMI BCH, FL 33139	1435 WASHINGTON AVE MIAMI BCH, FL 33139

04052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
21313 SW 129 PL.	21313 SW 129 PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State: Miami FL.
Zip: 33177 Country: USA	Zip: 33177 Country: USA

4. FEI Number: 20-8368053 — Applied For / 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
VAZQUEZ, MIGUEL 1435 WASHINGTON AVE MIAMI BCH, FL 33139	Name: Miguel Vazquez Street Address (P.O. Box Number is Not Acceptable): 21313 SW 129 PL. City: Miami FL Zip Code: 33177

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] Miguel Vazquez, Registered Agent and Secretary 4-19-2007
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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	PT	☐ Change ☐ Addition
NAME	VAZQUEZ, CAMILLE		NAME	Camille Vazquez	
STREET ADDRESS	1435 WASHINGTON AVE		STREET ADDRESS	21313 SW 129 PL.	
CITY-ST-ZIP	MIAMI BCH, FL 33139		CITY-ST-ZIP	Miami, FL. 33177	
TITLE	VS	☐ Delete	TITLE	VS	☐ Change ☐ Addition
NAME	VAZQUEZ, MIGUEL		NAME	Miguel Vazquez	
STREET ADDRESS	1435 WASHINGTON AVE		STREET ADDRESS	21313 SW 129 PL.	
CITY-ST-ZIP	MIAMI BCH, FL 33139		CITY-ST-ZIP	Miami, FL. 33177	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] Secretary 4-19-2007 305-222-9841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #