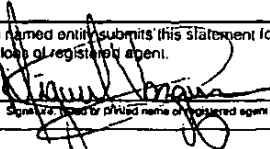
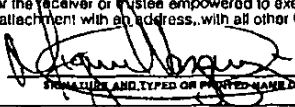


FILED
Jun 06, 2007 8:00 am
Secretary of State

04-26-2007 90444 001 ***300.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000070854			
1. Entity Name MCK LIQUOR DEPOT INC.			
Principal Place of Business 1435 WASHINGTON AVE MIAMI BCH, FL 33139		Mailing Address 1435 WASHINGTON AVE MIAMI BCH, FL 33139	
2. Principal Place of Business - No P.O. Box # 21313 SW 129 PL.		3. Mailing Address 21313 SW 129 PL.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL.		City & State Miami FL.	
Zip 33177		Zip 33177	
Country USA		Country USA	
4. FEI Number 80-8368053		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, MIGUEL 1435 WASHINGTON AVE MIAMI BCH, FL 33139		7. Name and Address of New Registered Agent 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:  Miguel Vazquez, Registered Agent and Secretary 4-19-2007 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PT VAZQUEZ, CAMILLE 1435 WASHINGTON AVE MIAMI BCH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Camille Vazquez 21313 SW 129 PL. Miami, FL. 33177 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VAZQUEZ, MIGUEL 1435 WASHINGTON AVE MIAMI BCH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Miguel Vazquez 21313 SW 129 PL. Miami, FL. 33177 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Secretary 4-19-2007 305-222-9841	