2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000096806

Entity Name: FMR LIQUORS, INC.

City-St-Zip:

SOUTHWEST RANCHES, FL 33331

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
17000 SW	-		·		
Current Mailing Address:			New Mailing Address	::	
17000 SW SOUTHW	62 CT EST RANCHE	S, FL 33331			
FEI Number	: 20-5257659	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MARIA, FF 17000 SW SOUTHW		S, FL 33331 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MARIA, FRANK 17000 SW 62		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LUNA, MANUE 17000 SW 62		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V,P (MONTERO, LU 17000 SW 62		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: FRANKLIN MARIA PRES 05/01/2009