


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000117015**  
 1. Entity Name  
**MOOKEY'S BAR, GRILL & PACKAGE LIQUOR, INC.**



Principal Place of Business 4821 PLACIDA RD. GROVE CITY, FL 34224-9563	Mailing Address 4821 PLACIDA RD. GROVE CITY, FL 34224-9563
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**DO NOT WRITE IN THIS SPACE**



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5552427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PATEL, MUKESH A**  
 4821 RAEIDA RD.  
 ENGLEWOOD, FL 34224-9563

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000928720  
 05/21/08-80039-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATEL, MUKESH A
STREET ADDRESS	4821 PLACIDA RD.
CITY-ST-ZIP	GROVE CITY, FL 342249563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: MUKESH A. PATEL**  **04-23-08** **941-697-3533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone e