2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 10, 2008 8:00 am Secretary of State DOCUMENT # P07000085394 04-10-2008 90013 047 ***158.75 BIG CITY LIQUOR AND WINE INC. Principal Place of Business Mailing Address 1257 GLENHEATHER DRIVE WINDERMERE FL 34786 1257 GLENHEATHER DRIVE WINDERMERE FL 34786 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEi Number Applied For Not Applicable Zip Country ZipCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIZIO, DESIREE Street Address (P.O. Box Number is Not Acceptable) 1257 GLENHEATHER DRIVE WINDERMERE FL 34786 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or porb, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE 1 (NOTE: Registered Agent eignetland requests when restating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES TITLE Deiete TITLE ☐ Change ☐ Addition NAME PIZIO, DESIREE NAME 1257 GLENHEATHER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIF TRES III E ☐ Derete Change ☐ Addition PIZIO, DESIREE STREET ADDRESS 1257 GLENHEATHER DRIVE STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY+ST-ZIP TRUE ☐ Delete ☐ Change ■ Addition NAME PIZIO, DESIREE NAME STREET ADDRESS STREET ADDRESS 1257 GLENHEATHER DRIVE CITY-ST-ZIP WINDERMERE FL 34786~ DIR TOLE ☐ De:ete TITLL ☐ Change ☐ Addition PIZIO, DESIREE 1257 GLENHEATHER DRIVE STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP III: E ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is two 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.

CITY-ST-21P

SIGNATURE: 🤼

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone #