## 2008 FOR PROFIT CORPORATION

## Jun 02, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P07000118919** 05-05-2008 90249 025 \*\*\*150.00 AJM GOODSON BEVERAGE CO. Principal Place of Business Mailing Address 12441 SW 130 STREET 12441 SW 130 STREET 66012936 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012008 Chg-P CR2E034 (12/06) Applied For Not Applicable City & State City & State 4. FEI Number Country \$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 BEN-TOV, SHLOMO Street Address (P.O. Box Number is Not Acceptable) 12441 SW 130 STREET MIAMI, FL 33186 .... City Zip Code 8. The above manual 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. Signators typed or parted name of registered agent and bite if applicable. (NOTE: Registered Agent signature required when remelating) DATE \$5.00 May Be FILE NOWIL: FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE C Deleta TITLE Channe ☐ Addition GOODSON, SAM NAME HALLE 12441 SW 130 STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZP O114-\$1-ZP TITLE Delete TILE Chappe ☐ Addition NAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Add:tion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Ocicia ☐ Change ■ Addition NALE NALES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠŒ ☐ Defete TITLE ☐ 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 path; 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.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR II