2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2003 8:00 am Secretary of State

03-20-2003 90090 026 ***150 00

DOCUMENT # P9200002902 1. Entity Name TRADEWINDS LIQUORS INC.				03-20-2003 90090 026 ***150.00	
PO BOX 738 ISLAMORADA		Mailing Address P O BOX 738 ISLAMORADA FL 33036			
2. Principal Place of Business		3. Mailing Address		LIBERTEEL (19 Ibrig 1951) gain pour pour pric foul faut part gain gain liet [86]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat		City & State	<u>, </u>	4. FEI Number 65-0390994 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent					
FODE, BENNET Jean & Bennet Fode MAN Jume Po Box 738 156 INDIES DRIVE SOUTH 44 Charles St. W., Apt. 3908 MARATHON FL 33050 Toronto M4Y 1R8					
CANADA, PARTICIONE TO SOLUTION					
	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	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	E: Registered Agent signature require	id when reinstaling) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FODE, BENNET 156 INDIES DRIVE SOUTH MARATHON FL 33050	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FODE, JEAN 156 INDIES DRIVE SOUTH MARATHON FL 33050	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐ B	
TITLE NAME STREET ADDRESS		Delete	TITLE	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	perforthat the information expelled with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP the everyntion stated in S	Change Addition	
indicated	on this report or supplemental report is t	rue and accurate and that or	v signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as it made under oath; that I am an officer or director	

12. I bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED MAME OF SIGNING OFFICER OF DIRECTOR

3-17-03 305-451-5496

Daytime Phone #