

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000006059**

1. Entity Name  
**UNIVERSAL LIQUORS IMPORTS, CORP.**



Principal Place of Business

**2307 DOUGLAS RD  
8TH 200  
MIAMI, FL 33145 US**

Mailing Address

**1470 CECILIA AVENUE  
CORAL GABLES, FL 33146 US**



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0384813**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ARREGUI, RICARDO  
2307 DOUGLAS RD  
MIAMI, FL 33145**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARREGUI, RICARDO
STREET ADDRESS	1470 CECILIA AVENUE
CITY-STATE-ZIP	CORAL GABLES, FL 33146
TITLE	S
NAME	ARREGUI, OLGA
STREET ADDRESS	1470 CECILIA AVENUE
CITY-STATE-ZIP	CORAL GABLES, FL 33146
TITLE	VPT
NAME	ARREGUI, RICARDO J
STREET ADDRESS	2205 SW 28 ST
CITY-STATE-ZIP	COCONUT GROVE, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000908489  
05/06/08-80032-015 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RICARDO ARREGUI**

**4/16/08**

**305  
648-1616**