

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000034428

FILED
May 16, 2008
Secretary of State

Entity Name: JOHNSON BROTHERS LIQUOR COMPANY OF FLORIDA

Current Principal Place of Business:

4520 S CHURCH AVE.
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13489
TAMPA, FL 33681 US

New Mailing Address:

FEI Number: 59-3188427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JIM JR
4520 S CHURCH AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: JOHNSON, LYNN
Address: 1999 SHERPARD ROAD
City-St-Zip: SAINT PAUL, MN 55116

Title: D () Delete
Name: BELSAAS, SCOTT
Address: 1999 SHERPARD ROAD
City-St-Zip: SAINT PAUL, MN 55116

Title: V () Delete
Name: JOHNSON, MICHAEL
Address: 1999 SHERPARD ROAD
City-St-Zip: SAINT PAUL, MN 55116

Title: S () Delete
Name: KAUFFMAN, ESTHER
Address: 1999 SHERPARD ROAD
City-St-Zip: SAINT PAUL, MN 55116

Title: S () Delete
Name: GARCIA, JIM JR
Address: 4520 S CHURCH AVE
City-St-Zip: TAMPA, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: JOHNSON, LYNN
Address: 1999 SHERPARD ROAD
City-St-Zip: SAINT PAUL, MN 55116

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GARCIA, JIM JR
Address: 4520 S CHURCH AVE
City-St-Zip: TAMPA, FL 33611

Title: P () Change (X) Addition
Name: GALANTE, FRANK
Address: 4520 S CHURCH AVE
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM GARCIA, JR

S

05/16/2008

Electronic Signature of Signing Officer or Director

Date