2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

DOCUMENT # P93000067912 1. Entity Name COLLINS LIQUOR STORE, INC.					04-21-2005 90246 015 ***150.00				
Principal Place	e of Business	Mailing Address			1 20002000				
7317 -7319 COLLINS AVE MIAMI, FL 33141		2012 COLLINS AVE Miami Beach, FL 33139							
1013/11111, F.C. 3.	5171	HIB WITH DESTROY, TE 30.				Lika kiri bari bara bah	H PAUN AMIN'NY	# 18151 (1816 JU	I PT : (# (8.8)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04162005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Number 65-0439	327			plied For t Applicable
Zip	Zip Country Zip		Country		5. Certificate of	Status Desired		8.75 Add	itional
	6. Name and Address of Curren	nt Registered Agent	<u> </u>		7. Name and A	ddress of New R		<u></u>	
55, 5144	DAY/10:1500		,	Name	~				
FELDMAN, DAVID ESQ 407 LINCOLN RD PH NE MIAMI BEACH, FL 33139				Street Address	s (P.O. Box Number is Not Acceptable)				
	,								
				City			_ FL	Zip Code	
the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing it	s register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con			5.00 May Be Ided to Fees				
10.		D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF			
TITLE NAME	DVSP TAAZIEH, FADI	☐ Delete	, TITL Nam	1				Change	☐ Addition
STREET ADDRESS	2012 COLLINS AVE		STR	EET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH, FL		-	r-ST-ZIP					
TITLE NAME	DV TAAZIEH, CAROLINE	☐ Delete	TITL Nam					☐ Change	☐ Addition
STREET ADDRESS	2012 COLLINS AVE		1	EET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH, FL 33139			/-ST-ZIP					
TITLE NAME		☐ Delete	TITL NAM	1				☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS		_			
CITY-ST-ZIP			¢m.	r-ST-ZiP					
TITLE		☐ Delete	TITL	l l				☐ Change	Addition
NAME STREET ADDRESS			NAA STR	EET ADDRESS					
CITY-ST-ZIP			CIJ)	/-ST-ZIP					
TITLE		☐ Delete	TITL	- 1			-	☐ Change	Addition
NAME STREET ADDRESS			NAA STR	AE EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Delete	TITL	.E				☐ Change	Addition
NAME			NAM	I .					
STREET ADDRESS CITY-ST-ZIP	1			EET ADDRESS Y-ST-ZIP					
	certify that the information supplied w	the serie filter and a constant of the			Section 110 07/3(i)	Elorida Statutos	I further cort	ide a throat discount	- f

12. I hereby 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 eath; 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:

CNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-05

305-401-6568

Date

Daytime Phone #