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➤ PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400030972

1. Corporation Name

1999

	•	
% JUNO BEACH LIQUORS 13977 U.S. HWY ONE	% Juno Beach Liquors 13977 U.S. HWY ONE	
JUNO BEACH FL 33408	JUNO BEACH FL 33408	

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90067 038 ***150.00

SHREEJ	i Mahakaj, Inc.							
Principal Plac	e of Business	Mailing Address			- 1 MÖNDON HA ERMI DIRH ÖRHI BAHR ROFFI EI	HAN IIIN ARUN IONE	#### 11#1 1##1	
% JUNO BEAC		% JUNO BEACH LIQUORS				• .	1 1 1	
13977 U.S. HW		13977 U.S. HWY ONE						:
JUNO BEACH I	FL 33408	JUNO BEACH FL 33408			DO NOT WRITE IN TI	IIS SPACE	 -	
					3. Date Incorporated or Qualifed 04/21/1994			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	olied For	2
21	.1	26		<u> </u>	65-0485390	Not	Applicable	223
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	`ga√	i e	5. Certificate of Status Desired	\$8.75 A Fee Re	I	Ç.
City & Stat	e 5°'	City & State			6. Election Campaign Financing	\$5:00	May Be	
23		28			Trust Fund Contribution	Added to	Fees	l
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year			
24	25	29	30		Personal Property Tax.		Ø No	l
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent		
PAT	el, Bakula	*	L	81 Name				
1397	77 US HWY ONE			82 Street Add	ress (P.O. Box Number is Not Acceptable)			l
JUN	O BEACH FL 33408		ŀ	83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		l
				84 City	一种人们的人们的人们的人们	85 Zip C	ode	
				1 -		- L ' '	·]	l
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the ab	ove-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its	registered	l
office or r	registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change was au gations of. Section 607.0505, Flori	thorized da Statu	by the corporati	ion's board of directors. I hereby accept the ap	pomunem as reg	isieled	l
SIGNATURE	PateiR.		V-		dust 11	11 /99		l
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered /	Agent signature require	ed when reinstating) : 1 14 25 DATE			ά
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			0
TITLE	D	☐ DELETE	1.1 TIT	LE	概以改议群	☐ Change	Addition	٦
NAME	PATEL, BAKULA		1.2 NA	ME				۶
STREET ADDRESS	1		1.3 STF	REET ADDRESS				ļ
CITY-ST-ZIP	JUNO BEACH FL 33408		1.4 CIT	Y-ST-ZIP	·			Ò
TITLE		☐ DELETE	2.1 TIT	LE		☐ Change	☐ Addition	, `
NAME			2.2 NA	we l				ĺ
STREET ADDRESS	İ	•		~-	• .		i	ĺ
CITY-ST-ZIP		·	2.3 STF	REET ADDRESS	÷ .			١
TITLE	1	·	2.4 CF	REET ADDRESS TY-ST-ZIP				ڊسا
NAME	h. •	☐ DELETE		REET ADDRESS TY-ST-ZIP		☐ Change	Addition	
STREET ADDRESS		☐ DELETE	2.4 CF	REET ADDRESS RY-ST-ZIP			Addition	
		☐ DELETE	2.4 CF 3.1 TIT	REET ADDRESS RY-ST-ZIP			Addition	
CITY-ST-ZIP			2. 4 CF 3.1 TIT 3.2 NA 3.3 STF	REET ADDRESS TY-ST-ZIP LE		☐ Change	10 (10 mg) 1	
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CF 3.1 TIT 3.2 NA 3.3 STF	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			Addition Addition	
			2.4 CF 3.1 TIT 3.2 NA 3.3 STF 3.4. CF	REET ADDRESS TY-ST-ZIP LE MB REET ADDRESS TY-ST-ZIP LE		☐ Change	10 (10 mg) 1	
TITLE			2.4 CF 3.1 TH 3.2 NAI 3.3 STF 3.4. CF 4.1 TH 4.2 NA	REET ADDRESS TY-ST-ZIP LE MB REET ADDRESS TY-ST-ZIP LE		☐ Change	10 (10 mg) 1	
TITLE NAME		☐ DELETE	2.4 CF 3.1 TIT 3.2 NA 3.3 STF 3.4 CF 4.1 TIT 4.2 NA 4.3 STF 4.4 CF	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET AODRESS			2.4 CF 3.1 TIT. 3.2 NAI 3.3 STF 3.4 CF 4.1 TIT 4.2 NAI 4.3 STF 4.4 CF 5.1 TIT	REET ADDRESS TY-ST-ZIP LE MB REET ADDRESS TY-ST-ZIP LE MB REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE		☐ Change	10 (10 mg) 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.4 CF 3.1 TIT. 3.2 NAI 3.3 STF 3.4. CF 4.1 TIT 4.2 NAI 4.3 STF 4.4 CFT 5.1 TIT 5.2 NAI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.4 CT 3.1 TIT 3.2 NAI 3.3 STI 3.4 CT 4.1 TIT 4.2 NAI 4.3 STI 5.1 TIT 5.2 NAI 5.3 STI	REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.4 CT 3.1 TIT 3.2 NAI 3.3 STI 3.4 CT 4.1 TIT 4.2 NAI 4.3 STI 5.1 TIT 5.2 NAI 5.3 STI 5.4 CTI	REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS PY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.4 CT 3.1 TIT 3.2 NAI 3.3 STT 3.4 CM 4.1 TIT 4.2 NAI 4.3 STT 5.1 TIT 5.2 NAI 5.3 STT 5.4 CTT	REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS PY-ST-ZIP LE		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	☐ DELETE	2.4 CF 3.1 TIT. 3.2 NA/ 3.3 STF 3.4 CF 4.1 TIT 4.2 NA/ 4.3 STF 4.4 CF 5.1 TIT 5.2 NA/ 5.3 STF 5.4 CF 6.1 TIT 6.2 NA/	REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS PY-ST-ZIP LE		☐ Change	Addition	

6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _