


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P94000049966 1. Entity Name MARGI DISCOUNT BEVERAGE, INC.	
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Principal Place of Business 2485 SOUTH MCCALL ROAD UNIT -B ENGLEWOOD, FL 34224 US	Mailing Address 2485 SOUTH MCCALL ROAD UNIT -B ENGLEWOOD, FL 34224 US
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0503237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
 % BATSEL MCKINLEY ITTERSAGEN GUNDERSON
 1861 PLACIDA RD., SUITE 104
 ENGLEWOOD, FL 34223

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000733912
 05/09/07-80102-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, ASHOK 5855 PLACIDA RD., STE. 406 ENGLEWOOD, FL 34224
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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: Ashok Patel **4/23/07** **941-698-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #