


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # P94000090003	
1. Entity Name MOE'S LIQUORS, INC.	

Principal Place of Business 4182 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169	Mailing Address 4182 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/08)

City & State	City & State	4. FEI Number 59-3299632	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MATHIAS, AUDREY M 4182 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
DPS MATHIAS, AUDREY M 4182 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
VPT MATHIAS, JAMES K 822 10TH AVE NEW SYRNA BCH FL 32169	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
VP BERKHEIMER, DEBRA J 815 18TH AVE NEW SMYRNA BCH FL 32169	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U000000603281 01/29/07-80007-009 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Audrey Mathias 1/23/07 (386) 423-5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #