2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000025867 ALFIÉ'S DISCOUNT LIQUORS, INC.



Principal Place of Business

Mailing Address

7380 SR 100

955 HOLLY CIR

SUITE 22

KEYSTONE HEIGHTS, FL 32656

ORMOND BEACH, FL 32176

FILED Jul 19, 2006 8:00 am Secretary of State

07-19-2006 90004 022 ***150 00

40033373



07132006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3317339

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

EVANS, GREG 955 HOLLY CIRCLE ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tille	e if applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATF:
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS EITY-ST-ZIP	D EVANS: GREGORY 955 HOLLY CIRCLE ORMOND BEACH, FL 32176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, 		
TITLE					
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not quality 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:

STREET ADDRESS CITY-ST-ZIP

> aulus SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

DIVISION of Corporation, State of Florida # 10099979 Dear Sirs

I did Not recieve A Bill For

this report this gear.

recently recieved this one For 5500.

I have Always paid this on time

When I recieved A Bill. I have

Sent A Jack for 150° hopins

wave the fee. Please look

you will At my history And contact me.

Gras Evarus, president 386-441-7024

AIFIES LIGUOUS