
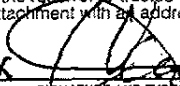


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000071356</b> 1. Entity Name CDC LIQUORS, INC.		
Principal Place of Business 5655 S.W. 8TH STREET MIAMI, FL 33134 US		Mailing Address 5655 S.W. 8TH STREET MIAMI, FL 33134 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ROLLO, CARMAN 5653-55 S.W. 8TH STREET MIAMI, FL 33134		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ROLLO, CARMAN	
STREET ADDRESS	5653-55 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	D	
NAME	DROPKIN, CLIFF	
STREET ADDRESS	5655 SW 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 registered 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: 		<b>2/17/06</b> <b>X305 670 0161</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0617467

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

000000442593  
04/04/06-80024-022 150.00

**DO NOT WRITE  
IN THIS SPACE**