


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000071356 1. Entity Name CDC LIQUORS, INC. |  |
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| Principal Place of Business 5655 S.W. 8TH STREET MIAMI, FL 33134 US | Mailing Address 5655 S.W. 8TH STREET MIAMI, FL 33134 US |
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02182007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0617467 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ROLLO, CARMAN 5653-55 S.W. 8TH STREET MIAMI, FL 33134 |
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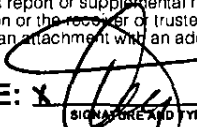
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> | DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | UD00000654066 03/13/07-80047-010 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROLLO, CARMAN 5653-55 S.W. 8TH STREET MIAMI, FL 33134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DROPKIN, CLIFF 5655 SW 8TH STREET MIAMI, FL 33134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 4/2/07 305 670 0161 <small>Date Daytime Phone #</small> |