

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000029392

1. Entity Name

LIQUID ADDICTION, INC.



Principal Place of Business

929 SUNRISE LANE
FT. LAUDERDALE FL 33304
US

Mailing Address

929 SUNRISE LANE
FT LAUDERDALE FL 33304
US

FILED
Aug 04, 2005 08:00 AM
Secretary of State



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0690591

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUHER, BARRY P
STE. 1050, FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME THOMAS, KEVIN
STREET ADDRESS 3644 COCO LKE DR
CITY- ST- ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition
NAME 1100000375541
STREET ADDRESS 08/04/05-80002-004 550.00
CITY- ST- ZIP

TITLE D ☐ Delete
NAME MASSINELLO, KURT
STREET ADDRESS 905 NE 5TH STREET
CITY- ST- ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kurt Massinello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/05 954 561-7675
Daytime Phone #