


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000049532 |  |
| 1. Entity Name LEO'S GULF LIQUORS, INC. | |

| | |
|---|---|
| Principal Place of Business 2600 DOUGLAS ROAD SUITE 908 CORAL GABLES, FL 33134 US | Mailing Address 2600 DOUGLAS ROAD SUITE 908 CORAL GABLES, FL 33134 US |
|---|---|



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 65-0671404 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|--|
| 6. Name and Address of Current Registered Agent LUSTIG, ROY R 2600 DOUGLAS ROAD SUITE 908 CORAL GABLES, FL 33134 |
|--|

**DO NOT WRITE
IN THIS SPACE**

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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000130598
04/26/04-80122-025 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MUNDER, ARTURO A 2600 DOUGLAS ROAD SUITE 908 DOUGLAS CENTER CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP LUSTIG, ROY R 2600 DOUGLAS ROAD SUITE 908 DOUGLAS CENTER CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ARTURO A. MUNDER** **PRESIDENT** **4/8/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #