

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000040390

1. Entity Name  
PARTY LIQUORS INC OF ORLANDO



**FILED  
Apr 14, 2005 8:00 am  
Secretary of State**

04-14-2005 90086 030 \*\*\*150.00

Principal Place of Business

2157 AMERICANA BLVD #103  
ORLANDO, FL 32839

Mailing Address

2157 AMERICANA BLVD #103  
ORLANDO, FL 32839

2. Principal Place of Business

2200 Americana Blvd  
Suite, Apt. #, etc.  
#10

3. Mailing Address

2200 Americana Blvd  
Suite, Apt. #, etc.  
#10

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32839

Country

USA

Zip

32839

Country

USA

6. Name and Address of Current Registered Agent

DAKHILL, ADMOUN  
2157 AMERICANA BLVD #103  
ORLANDO, FL 32839

Name

Street Address (P.O. Box Number is Not Acceptable)

2200 Americana Blvd

Ste #10

City

Orlando

FL

Zip Code

32839

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**

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 P  
NAME DAKHILL, ADMOUN  
STREET ADDRESS 2157 AMERICANA BLVD #103  
CITY-ST-ZIP ORLANDO, FL 32839

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

2200 Americana Blvd #10  
Orlando, FL 32839

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 4078502069  
Date Daytime Phone #