


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2005 90086 030 ***150.00

DOCUMENT # P97000040390	
1. Entity Name PARTY LIQUORS INC OF ORLANDO	

Principal Place of Business 2157 AMERICANA BLVD #103 ORLANDO, FL 32839	Mailing Address 2157 AMERICANA BLVD #103 ORLANDO, FL 32839
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2. Principal Place of Business 2200 Americana Blvd Suite, Apt. #, etc. #6 City & State Orlando, FL Zip 32839 Country USA	3. Mailing Address 2200 Americana Blvd Suite, Apt. #, etc. #6 City & State Orlando, FL Zip 32839 Country USA
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04112005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3444376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAKHILL, ADMOUN 2157 AMERICANA BLVD #103 ORLANDO, FL 32839	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2200 Americana Blvd Ste #6 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 X (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 NAME STREET ADDRESS CITY-ST-ZIP	P DAKHILL, ADMOUN 2157 AMERICANA BLVD #103 ORLANDO, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 Americana Blvd #6 Orlando, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 lists empowered.

SIGNATURE: X **DAKHILL, ADMOUN** 4-11-05 4078502069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If