2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

May 16, 2008 8:00 am Secretary of State **DOCUMENT # P98000070100** 05-16-2008 90016 011 ***550.00 J & C LIQUOR INCORPORATED Principal Place of Business Mailing Address 915 WASHINGTON AVE 814 ALTON RD MIAMI BCH, FL 33139 MIAMI BCH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0856792 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUTIERREZ, CAMILO Street Address (P.O. Box Number is Not Acceptable) 915 WASHINGTON AVE MIAMI, FL 33166 Zip Code City FL 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 reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP ☐ Change Addition TITLE TITLE Delete NAME GUTIERREZ, CAMILO E NAME 11245 ROUNDELAY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33026 CITY-ST-ZIP ☐ Delete Change Addition TITLE **GUTIERREZ, FRANCIA** NAME NAME 11245 ROUNDELAY RD STREET ADDRESS STREET ADDRESS COOPER CITY, FL 33026 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition **#ITLE** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 logal 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED