

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90072 007 \*\*\*150.00

**DOCUMENT # P98000079568**

1. Entity Name  
TIO'S LIQUORS II, INC.



Principal Place of Business

7271 NW 36 ST  
MIAMI, FL 33166

Mailing Address

7271 NW 36 ST  
1501  
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #

1401 Coral Way  
Suite, Apt. #, etc. #1501

3. Mailing Address

1401 Coral Way  
Suite, Apt. #, etc. #1501

401000



04302007 Chg-P CR2E034 (12/06)

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0863989

Applied For

Not Applicable

Zip

33145

Country

Dade

Zip

33145

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, ANDRES  
7271 NW 36 ST  
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name Andres Ramirez

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

1401 Coral Way #1501

City Miami

FL

Zip Code 33145

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]*

Andres F. Ramirez

04/30/07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMIREZ, ANDRES	
STREET ADDRESS	7271 N.W. 36TH ST.	
CITY - ST - ZIP	MIAMI, FL 33166	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PALACLO, ANDRES	
STREET ADDRESS	7271 N.W. 36TH ST.	
CITY - ST - ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/07

Date

786 553 7784

Daytime Phone #