2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 20, 2006 08:00 AM DOCUMENT # \$42778 Secretary of State 1. Entity Name PARKWAY DISCOUNT BEVERAGE, INC. Principal Place of Business Mailing Address 6331 MIRAMAR PARKWAY MIRAMAR FL 33023 6331 MIRAMAR PARKWAY MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0288139 Not Applicable Zio Country Zio Country \$8.75 Additional Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHIMANI, ABDUL RASOOL Street Address (P.O. Box Number is Not Aggeptable) 6331 MIRAMAR PKWY MARAMAR FL 33023 City Zip Code 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 re-instating) FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Celete TITLE ☐ Change The Addition MARKE KHIMANI, ABDUL NAME U00000441018 STREET ADDRESS 6331 MIRAMAR STREET ADDRESS 03/03/06-80019-006 150.00 CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-20P TITLE Delete TITLE □ Change □ Ail' NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Cletete ☐ Change □ At "" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP THE ☐ Delete ☐ Change Acr NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZTP CITY-ST-ZIP TITLE ☐ Detete THEE ☐ Chance $\Box$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ &∴ NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direct 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

ABDUL KHIMANI 2-14-06 954-967-6651

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ×

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