


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|   |                           |  |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
|---|---------------------------|--|---|---|--|-------|---|---------------------------------|------|----------------|--|----------------|--------------|--|-------------|------------------|--|-------|--------------|--|------|--|--|----------------|---------------------------|--|-------------|--|--|
| <b>DOCUMENT # S42778</b><br>1. Entity Name<br><b>PARKWAY DISCOUNT BEVERAGE, INC.</b>  |                           |  |   |    |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| Principal Place of Business<br><b>6331 MIRAMAR PARKWAY<br/>MIRAMAR FL 33023</b>   |                           |  | Mailing Address<br><b>6331 MIRAMAR PARKWAY<br/>MIRAMAR FL 33023</b> |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                           |  | 3. Mailing Address<br>Suite, Apt. #, etc.                           |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| City & State  |                           |  | City & State  |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| Zip   |                           | Country  |   | 4. FEI Number<br><b>65-0288139</b>  |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                           |  |   | Applied For<br>Not Applicable   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><b>KHIMANI, ABDUL RASOOL<br/>6331 MIRAMAR PKWY<br/>MARAMAR FL 33023</b>  |                           |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| 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 reconstituting)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                           |  |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                           |  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KHIMANI, ABDUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6331 MIRAMAR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIRAMAR FL 33023</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">U00000441018</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>03/03/06-80013-006 150.00</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                           |  |   |   |  | TITLE | P | <input type="checkbox"/> Delete | NAME | KHIMANI, ABDUL |  | STREET ADDRESS | 6331 MIRAMAR |  | CITY-ST-ZIP | MIRAMAR FL 33023 |  | TITLE | U00000441018 | <input type="checkbox"/> Change <input type="checkbox"/> Add | NAME |  |  | STREET ADDRESS | 03/03/06-80013-006 150.00 |  | CITY-ST-ZIP |  |  |
| TITLE   | P                         | <input type="checkbox"/> Delete                              |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| NAME  | KHIMANI, ABDUL            |  |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| STREET ADDRESS  | 6331 MIRAMAR              |  |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| CITY-ST-ZIP   | MIRAMAR FL 33023          |  |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| TITLE   | U00000441018              | <input type="checkbox"/> Change <input type="checkbox"/> Add |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| NAME  |                           |  |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| STREET ADDRESS  | 03/03/06-80013-006 150.00 |  |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |
| CITY-ST-ZIP   |                           |  |   |   |  |       |   |                                 |      |                |  |                |              |  |             |                  |  |       |              |  |      |  |  |                |                           |  |             |  |  |

**SIGNATURE: X**  **ABDUL KHIMANI** **2-14-06** **954-967-6651**