2008 FOR PROFIT CORPORATION ANNUAL REPORT

02-06-2008 90037 005 **150.00
S67750

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S67750

1. Entity Name
M.C. LIQUORS OF MIAMI BEACH, INC.

Principal Place of Business
2897 COLLINS AVE
MIAMI BEACH, FL 33140

Mailing Address
2897 COLLINS AVE
MIAMI BEACH, FL 33140 US

DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0278953

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARI, MIGUEL
2897 COLLINS AVE
MIAMI BEACH, FL

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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] 1/29/08
Signature, name or printed name of registered agent and title if appropriate. (If CSC Registered Agent signature required when transmitting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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
NAME	MARI, MIGUEL
STREET ADDRESS	2897 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	SD
NAME	MARI, CARIDAD
STREET ADDRESS	2897 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 INDIVIDUAL (PRESIDENT OR DIRECTOR) Date Daytime Phone #