FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2003 8:00 am Secretary of State

DOCUMENT # S 8 4 2 0 8 1. Entity Name		04-25-2003 90248 038 ***150.00	
Spirits Realty INC V			
DO NOT WRITE IN THIS SPA	ACE		
Principal Place of Business 3, Mailing Address		11017362	
3912 Dolphin Dr P. O. Box	15453		
PAWARA C: +4 Beach PAWARA C	:44	DO NOT WRITE IN THIS SPACE	
City & State City & State	<u> </u>	4. FEI Number 9-308 4 780 Applied For Not Applicable	
Zip Country Zip	Country	¢0.75 A 3 3 4 3 4 3 1	
32409 BAU 32408	BAU	5. Certificate of Status Desired Fee Required	
	Name U	7. Name and Address of Current Registered Agent	
DO NOT WRITE		4P.O. Box Number is Not Acceptable.	
IN THIS SPACE	Street Addles	27-0. Box Number is Not Acceptable D	
IN THIS SPACE			
	CHYPAWO	RNA CITY BOACH FL 72408	
The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.	gistered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and ritle if applicable. (NOTE: Re	egistered Agent signature requi	ired when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS			
THE DOT	TITLE		20Z)
TAYLOR - Smith, Brende	NAME STREET ADDRESS		CRZE034B (12/02)
STREET ADDRESS 38/2 Dolphia Dr CITY-ST: 71P CAUGAA City Beach F/32468	CITY-ST-ZIP		3
TITLE AM	TITLE NAME		ž
STREET ADDRESS 3912 DOLONGE DE	STREET ADDRESS		_
CITY-ST-ZIP PANOLO C: 40 B. 4, F/ 32408	CITY-ST-ZIP		
TITLE NAME	TITLE NAME		
STREET ADDRESS	STREET ADDRESS	DO NOT WRITE	
City-St-Zip	CITY-ST-ZIP		
NAME	NAME	IN THIS SPACE	
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NAME STREET ADDRESS	NAME STREET ADDRESS		
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TITLE	TITLE	Î	
NAME Street Address	NAME STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP	The state of the s	
12. I hereby certify that the information supplied with this filling does not qualify for the	e exemption stated in a	Section 119.07(3)(i), Florida Statutes, I further certify that the information e same legal effect as if made under oath; that I am an officer or director	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60?, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Brende Taylor Jarle Precided Ope 24, 2063 (950) 234-9828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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