

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V41659

Entity Name
PARADERO LIQUOR STORE #2, INC.



Principal Place of Business
17 NW 7TH ST
MIAMI, FL 33126

Mailing Address
5717 NW 7TH ST
MIAMI, FL 33126



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1062745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARKUS, STUART A.
11 SW 22ND ST
MIAMI, FL 33145

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I, 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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

100000397579
01/30/06 0055 015 150.00

OFFICERS AND DIRECTORS

D
RODRIGUEZ, FERNANDO
5713 N.W. 7TH STREET
MIAMI, FL

O
GONZALEZ, RUBEN B
2711 SW 98 AVE.
MIAMI, FL 33165

O
RODRIGUEZ, Xiomara A
2711 SW 98 AVE.
MIAMI, FL 33165

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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: **RUBEN B. GONZALEZ - OFFICER** **1-15-06 (305) 267-5525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #