


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # V73869 1. Entity Name PAMEN LIQUOR STORE NO. 2, INC. |  |
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| Principal Place of Business 2300 CORAL WAY SUITE #200 MIAMI, FL 33145 | Mailing Address 2300 CORAL WAY SUITE #200 MIAMI, FL 33145 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------------------------------|--------------------------------------|
| City & State Zip Country | City & State Zip Country |
|--------------------------------------|--------------------------------------|

FILED
06 MAR 28 PM 2:22
TALLAHASSEE, FLORIDA



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| 02172006 | Chg-P | CR2E034 (11/05) |
| 4. FEI Number 65-0365358 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY SUITE #200 MIAMI, FL 33145 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--|--|---|---|--|
| TITLE | PST MENDEZ, PABLO <input type="checkbox"/> Delete | | TITLE | 100069395311 04/04/06--01028--013 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MENDEZ, PABLO | | NAME | | |
| STREET ADDRESS | 3941 N.W. 7TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33126 | | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | | |
| NAME | MENDEZ, PEDRO | | NAME | | |
| STREET ADDRESS | 15442 SW 11TH TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33194 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: Pablo Mendez **PABLO MENDEZ** 2-17-06 305856-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #