

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90025 041 ***150.00

DOCUMENT # F97000003301	
1. Entity Name WINE IS FINE, INC.	

Principal Place of Business PO BOX 829 RAMONA CA 92065	Mailing Address PO BOX 829 RAMONA CA 92065
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2. Principal Place of Business P.O. Box 829 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 829 Suite, Apt. #, etc.
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City & State Ramona CA	City & State Ramona CA
Zip 92065	Zip 92065
Country USA	Country USA

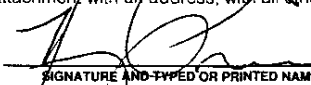
	
MOORE	CR2E034 (11/03)
4. FEI Number 33-0289236	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUBENSTEIN, IRV 1600 NW 163 ST. MIAMI FL 33169	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, typed or printed name of registered agent and title if applicable.	DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PDC PREISS, HENRY 20119 PARA SIEMPRE VISTA RAMONA CA 92065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PREISS, SUZIE 20119 PARA SIEMPRE VISTA RAMONA CA 92065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PREISS, SUZIE 20119 PARA SIEMPRE VISTA RAMONA CA 92065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 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:  HENRY PREISS	Date 2-20-04 Daytime Phone # 760-789-6010