

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90044 032 ****70.00

DOCUMENT # N07000005208	
1. Entity Name THE VINEYARDS MASTER ASSOCIATION, INC.	

Principal Place of Business 730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172	Mailing Address 730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172
---	---

2. Principal Place of Business - No P.O. Box # 13055 SW 42 ST	3. Mailing Address 13055 SW 42 ST
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203

City & State Miami, FL	City & State Miami, FL
Zip 33175	Zip 33175
Country Dade	Country Dade



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-0622621	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOLOMON & FURSHMAN, LLP 1666 KENNEDY CAUSEWAY SUITE 302 N BAY VILLAGE, FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

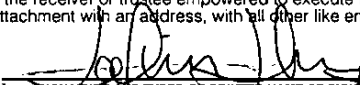
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDERSON, MERCEDES 730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolina Herrera 730 NW 107 Avenue, 4th floor Miami, FL 33172 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCPHERSON, GREG 730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sylvia Sierra 730 NW 107 Ave, 4 floor Miami, FL 33172 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AVILA, MIGUEL 730 NW 107 AVE FOURTH FLOOR MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____