2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000045670				·	•
1. Entity Name FINEST WINES INTERNATIONAL INC.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D
			THE TOTAL PROPERTY OF THE PARTY) ՄԿ AUG -9 A	H 9: 18
Principal Place of Business	Mailing Address			ՄԿ ԶՍԵՐՏ Բ	11 J. 10
3132 FORTUNE WAY WELLINGTON, FL 33414	P.O. BOX 249 Loxahatchee,	FL 33470		SECRETARY	F STATE,
WEEE/10101011/12 00111	COMMITTORIEL	12 00 770		TALLAHASSEE	, FLORIDA
2. Principal Place of Business	3. Mailing Addres				
2. Frincipal Flace of Business	3. Waning Addres	8		I ICONIDON NA BANDE NINA BANA BANA B	BIN BANK BURN BURN BURN GABU BAKARA NI KABA
Suite, Apt. #, etc. Suite, Apt. #, etc.		C.		08042004 Chg-P	CR2E034 (10/03)
City & State City & State				4. FEI Number	Applied For
Zip Country	Zip	Count	rv	56-2352798	Not Applicable \$8.75 Additional
1		Jean	• •	5. Certificate of Status Desired	Fee Required
6 Name and Addre	es of Current Registered Agent			_7Name and Address of New	Registered Agent
LADUKE, JASON			Name .		
2495 DOE TRAIL		•	Street Address (P.O. Box Number is Not Acceptable)		
LOXAHATCHEE, FL 33470					
		-	0.1	The second secon	
			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 of printed name of registered agent and title hippiscable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Election Campaign Financing \$5.00 May Be					
Amended AR is \$61.25 Trust Fund Contribution. Added to Fees					
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
TITLE P	☐ Dele	te TITLE	P	0 - ()	Change Addition
NAME LADUKE, JASON STREET ADDRESS 2495 DOE TRAIL		. NAME	LA	OUKE, JASON IS DOETRAIL	
f _				AHATCHEE. FL.	32426
TITLE VP 4	☐ Dele		20	/1	Channe Addition
NAME BARRETT, MICHAE		NAME	00	DUETT MICHA	EL
STREET ADDRESS 2495 DOE TRAIL	1			SYMPHONY BEN	
CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-				OLLO BEACH. FL.	
NAME ST BARRETT, PATRIC	Dele □ Dele	ite TITLE NAME	57	D DETT DATRICIA	Change
STREET ADDRESS 2495 DOE TRAIL				RETT PATRICIA SYMPHONY BEAL	CH LANE
CITY-ST-ZIP LOXAHATCHEE, FL	. 33470	CITY-	ST-ZIP ADO	ILLO BEACH. FL	33572
TITLE	☐ Dele	te TITLE			Change Addition
NAME		NAME		900040	pequap
STREET ADDRESS CITY-ST-ZIP			T AODRESS ST-ZIP	08/18/040105	0003 **61.25
TIPLE	☐ Dele				Change Addition
NAME ,		NAME			
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP			ST-ZiP		
TITLE NAME	☐ Dele	te TITLE NAME	1		Change Addition
			T ADDRESS		•
STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		CITY-	ST-ZIP		
I hereby certify that the information indicated on this report or suppler of the corporation or the receiver of the corporation of of the corporat	nental report is true and accurate an	ualify for the exented that my signates report as require	nption stated in Se are shall have the s	same legal effect as if made under , Florida Statutes; and that my nar	oath; that I am an officer or director ne appears in Block 10 or Block 11 if
12. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment with SIGNATURE:	nental report is true and accurate an or trustee empowered to execute this	ualify for the exend that my signatus report as require owered.	nption stated in Se re shall have the s ed by Chapter 607	same legal effect as if made under , Florida Statutes; and that my nar	oath: that I am an officer or director 1