



# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000045670</b> 1. Entity Name <b>FINEST WINES INTERNATIONAL INC.</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">04 AUG -9 AM 9:18</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business <b>3132 FORTUNE WAY WELLINGTON, FL 33414</b>				Mailing Address <b>P.O. BOX 249 LOXAHATCHEE, FL 33470</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number <b>56-2352798</b>						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LADUKE, JASON 2495 DOE TRAIL LOXAHATCHEE, FL 33470</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LADUKE, JASON 2495 DOE TRAIL LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D LADUKE, JASON 2495 DOE TRAIL LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRETT, MICHAEL 2495 DOE TRAIL LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D BARRETT, MICHAEL 911 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARRETT, PATRICIA 2495 DOE TRAIL LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D BARRETT PATRICIA 911 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Patricia Barrett</u> <b>ST D.</b>				8-5-04 813-242-4247			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PATRICIA BARRETT</b>				Date Daytime Phone #			