

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142429

FILED  
Sep 05, 2006  
Secretary of State

Entity Name: A.E. ASSOCIATES WINE DISTRIBUTOR INC.

**Current Principal Place of Business:**

6254 POWERS AVENUE  
SUITE 807  
JACKSONVILLE, FL 32244 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 57341  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

FEI Number: 74-3109160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRVENIK, EDWARD R  
8161 LOCH LOMOND LANE  
JACKSONVILLE, FL 32244 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: A.E. ASSOCIATES WINE, DISTRIBUTOR  
Address: 6254 POWER AVE. SUITE 807  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: P ( ) Delete  
Name: BRVENIK, EDWARD R  
Address: 8161 LOCH LOMOND LANE  
City-St-Zip: JACKSONVILLE, FL 32244 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD BRVENIK

P

09/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date