

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018124

**FILED**  
**Apr 26, 2009**  
**Secretary of State**

**Entity Name:** WINE WAREHOUSE OF FT. LAUDERDALE, INC.

**Current Principal Place of Business:**

1301 EAST OAKLAND PARK BLVD  
OAKLAND PARK, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

1750 DOBBS ROAD  
ST AUGUSTINE, FL 32084 US

**New Mailing Address:**

**FEI Number:** 20-2269738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORN, MELINDA  
1750 DOBBS ROAD  
ST AUGUSTINE, FL 32084 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DORN, MELINDA  
Address: 1750 DOBBS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: VP ( ) Delete  
Name: VILLAVECES, FELIPE  
Address: 1750 DOBBS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: T (X) Delete  
Name: KNOLL, JAMES  
Address: 1750 DOBBS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32084 US

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

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

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 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: MELINDA DORN

P

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date