

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90025 017 ***150.00

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1. Entity Name
VINE & SPIRITS, INC.



Principal Place of Business
**1719 MAIN STREET
WESTON, FL 33327 US**

Mailing Address
**1719 MAIN STREET
WESTON, FL 33327 US**

DO NOT WRITE IN THIS SPACE



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1045242

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WARSHAVER, MARK CPA
1640 TOWN CENTER CIRCLE, STE 216
WESTON, FL 33326

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
LAMBROS, GEORGE
1719 MAIN STREET
WESTON, FL 33327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LAMBROS, MICHELLE
1719 MAIN STREET
WESTON, FL 33327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #