

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 294466 1. Entity Name THE BOTTLE SHOP OF HOMESTEAD, INC.	
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FILED
Aug 06, 2008 08:00 AM
Secretary of State



Principal Place of Business 1340 KROME AVE HOMESTEAD FL 33030	Mailing Address 1340 KROME AVE HOMESTEAD FL 33030
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2nd MOORE CR2E034 (4/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-1114509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VIHLEN, HUGO S 1330 N KROME AVE HOMESTEAD FL 33030	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY: September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	VIHLEN, HUGO S
STREET ADDRESS	1340 N KROME AVE.
CITY- ST- ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> Delete
NAME	VIHLEN, JOHNALEE
STREET ADDRESS	1340 N KROME AVE.
CITY- ST- ZIP	HOMESTEAD FL
TITLE	STD <input type="checkbox"/> Delete
NAME	VIHLEN, RICHARD B
STREET ADDRESS	1340 N KROME AVE.
CITY- ST- ZIP	HOMESTEAD FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000957150
STREET ADDRESS	08/06/08-80001-016 550.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: *Richard Vihlen* **Richard VIHLEN** **8-2-08 305 245 3401**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #