

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 350978

1. Entity Name
SOUTHERN WINE & SPIRITS OF AMERICA, INC.



Principal Place of Business
**1600 N.W. 163RD STREET
MIAMI, FL 33169**

Mailing Address
**1600 N.W. 163RD STREET
MIAMI, FL 33169**

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1285786

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BREIER, ROBERT G ESQ.
BREIER AND SEIF, P.A.
2800 PONCE DE LEON BLVD., SUITE 1125
CORAL GABLES, FL 33134-6912**

**DO NOT WRITE
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
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	CHAPLIN, HARVEY R
STREET ADDRESS	1600 N.W. 163RD ST.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	PCOD
NAME	CHAPLIN, WAYNE E.
STREET ADDRESS	1600 N.W. 163RD ST.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	S
NAME	HAGER, LEE
STREET ADDRESS	1600 N.W. 163RD ST.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	SRVP
NAME	DICK, MELVIN A
STREET ADDRESS	1600 NW 163RD ST
CITY-ST-ZIP	MIAMI, FL
TITLE	VPT
NAME	BECKER, STEVEN R
STREET ADDRESS	1600 N.W. 163RD ST.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/05-80052-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

2/10/05 305-625-4171

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #