

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90005 025 ***150.00

DOCUMENT # 857128

1. Entity Name
JOSEPH VICTORI WINES, INC.



Principal Place of Business
**2525 PALMER AVE
NEW ROCHELLE, NY 10801 US**

Mailing Address
**2525 PALMER AVE
NEW ROCHELLE, NY 10801 US**

54056076



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
13-2837023

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Chris Polgano
20423 State Road 7
Suite 273
Boca Raton, FL 33498**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **CHRIS POLGANO** *Chris Polgano* **5/26/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retitling) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **UMBACH, JOHN**
STREET ADDRESS **16 STONY HOLLOW RD.**
CITY-ST-ZIP **CENTERPORT, NY 11721**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **UMBACH, LYNN**
STREET ADDRESS **16 STONY HOLLOW ROAD**
CITY-ST-ZIP **CENTERPORT, NY 11721**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

RECEIVED

APR 06 2004

**REVENUE
DBPR**

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 by an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/35/04 APR 20 2004

**REVENUE
DBPR**