

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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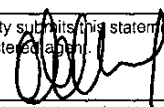
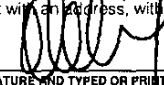
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



| | | | |
|---|--|--|---|
| DOCUMENT # F03000002115 | |  | |
| 1. Entity Name ITALWINE IMPORTS INC. | | | |
| Principal Place of Business 1369 MADISON AVENUE STE. 282 NEW YORK, NY 10128 | | Mailing Address 1369 MADISON AVENUE STE. 282 NEW YORK, NY 10128 | |
| 2. Principal Place of Business 21 NW 139 Street Suite, Apt. #, etc. Bay 8 City & State Opa Locka, FL Zip 33054 USA | | 3. Mailing Address 1602 Alton Road Suite, Apt. #, etc. #88 City & State Miami Beach, FL Zip 33139 USA | |
| | | 08302004 Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 72-1555637 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 MASSAGLIA, ALDO 1235 ALTON ROAD MIAMI BEACH, FL 33139 | | 7. Name and Address of New Registered Agent 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  | | DATE | |
| SIGNATURE, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPS MASSAGLIA, ALDO 100 WEST 89TH STREET #8J NEW YORK, NY 10024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROMANO, PATRICIA 1717 North Bayshore Dr. #3553 Miami, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCVP STRAZZACAPPA, GIANFRANCO 359 MERIDAN AVE #107 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPS MASSAGLIA, ALDO 1717 N. BAYSHORE DR. #3553 MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STRAZZACAPPA, GIANFRANCO 359 MERIDAN AVE #107 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300042897053 11/19/04--01031--001 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. | | | |
| SIGNATURE:  | | Date pres. | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ITALWINE IMPORTS, INC.
21 NW 139 STREET—BAY 8
OPA LOCKA, FL 33054**

August 30, 2004

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500


**RE: ITALWINE IMPORTS, INC
FEIN# 72-1555637**

Dear Sir or Madam:

Enclosed please find an Annual Report for Italwine Imports, Inc. The company moved and never received the Annual Report for 2004. I called your office to discuss this problem. Please find enclosed a check in the amount of \$150 for the year 2004.

I want to thank you for all of the help that was given to me. If you have any questions, please contact me at the above address.

Very Truly Yours,



Aldo Massaglia

Ww/ubr/ UBR LTR ITALWINE