2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90105 020 ****50.00

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1. Entity Name
WINE ACCESSORIES USA LLC

Principal Place of Business	Mailing Address
C/O FRANCISCO GONZALEZ, ESQ 2601 S BAYSHORE BLVD, STE 1600 MIAMI, FL 33133	C/O FRANCISCO GONZALEZ, ESQ 2601 S BAYSHORE BLVD, STE 1600 MIAMI, FL 33133

04292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2961 Catalina St	2961 Catalina St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33133 / Country: USA	Zip: 33133 / Country: USA

4. FEI Number 20-0422226 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HORWELL, VANESSA
2961 CATALINA STREET
MIAMI, FL 33133

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 ______
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE: MGRM NAME: Francisco Gonzalez STREET ADDRESS: 2525 Ponce De Leon Blvd CITY ST ZIP: St 400, Miami FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE: MGR NAME: Vanessa Horwell STREET ADDRESS: 2961 Catalina St CITY ST ZIP: Miami FL 33133	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Manager 4 28 05 305-776-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #