


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90172 019 ***150.00

DOCUMENT # L06000079964	
1. Entity Name (W.P.F.) UNITED WINES & SPIRITS, LLC	

Principal Place of Business 2099 WEST ATLANTIC BLVD. WAREHOUSE #214 POMPANO BEACH, FL 33069	Mailing Address 2099 WEST ATLANTIC BLVD. WAREHOUSE #214 POMPANO BEACH, FL 33069
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

401107



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent D'ALELIO, PERRY 18330 NE 2ND AVE. MIAMI, FL 33179	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 re-stating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM D'ALELIO, PERRY 18330 NE 2ND AVE. MIAMI, FL 33179 <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	MGRM D'ALELIO, WALTER 18330 NE 2ND AVE. MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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: Perry D'alelio 4/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #