

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M90637

**FILED  
Oct 27, 2006  
Secretary of State**

**Entity Name:** WINE AND FOOD SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

27593 S. DIXIE HIGHWAY  
NARANJA LAKES, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

27593 S. DIXIE HIGHWAY  
NARANJA LAKES, FL 33032

**New Mailing Address:**

**FEI Number:** 65-0088110      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALLETTE, WILLIAM  
KEG SOUTH  
27591 SOUTH DIXIE HWY  
NARANJA LAKES, FL 33032 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: MALLETTE, WILLIAM H.,  
Address: 27593 S. DIXIE HWY.  
City-St-Zip: NARANJA LAKES, FL

Title: V ( ) Delete  
Name: CAVES, JASON  
Address: 220 NE 12 AVE #68  
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: BROWN, NANCY L  
Address: 35303 SW 180 AVE LOT 372  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON CAVES

V

10/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date