


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # M90637
 1. Entity Name
WINE AND FOOD SERVICES OF FLORIDA, INC.



Principal Place of Business
 27593 S. DIXIE HIGHWAY
 NARANJA LAKES, FL 33032

Mailing Address
 27593 S. DIXIE HIGHWAY
 NARANJA LAKES, FL 33032

DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0088110

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	MALLETTE, WILLIAM H.
STREET ADDRESS	27593 S. DIXIE HWY.
CITY-ST-ZIP	NARANJA LAKES, FL
TITLE	V
NAME	CAVES, JASON
STREET ADDRESS	220 NE 12 AVE #68
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	SEC
NAME	BROWN, NANCY L
STREET ADDRESS	35303 SW 180 AVE LOT 372
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/11/07-80019-024 150.00

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12. 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 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: William Mallette *William Mallette*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-20-07 Daytime Phone # _____