


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000010280</b> 1. Entity Name <b>FOR THE LOVE OF WINE, INC.</b>	
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Principal Place of Business <b>6900 NORTHWEST 26TH STREET FORT LAUDERDALE, FL 33313</b>	Mailing Address <b>6900 NORTHWEST 26TH STREET FORT LAUDERDALE, FL 33313</b>
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**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>22-3944123</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>
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IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>05/08/08-80005-016 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST FRANZO, TIMOTHY T 6900 NORTHWEST 26TH STREET FORT LAUDERDALE, FL 33313</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FRANZO, LAURIE 6900 NORTHWEST 26TH STREET FORT LAUDERDALE, FL 33313</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MICA, TONI 6900 NORTHWEST 26TH STREET FORT LAUDERDALE, FL 33313</b>
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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 617, 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:** Timothy T. FRANZO 4/18/08 954 742 5144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #