

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015254

FILED
Feb 23, 2004
Secretary of State

Entity Name: MARKET WINE, INC.

Current Principal Place of Business:

3750 HACIEND BLVD., STE "G"
DAVIE, FL 33314

New Principal Place of Business:

3750 HACIENDA BLVD., SUITE G
DAVIE, FL 33314

Current Mailing Address:

3750 HACIEND BLVD., STE "G"
DAVIE, FL 33314

New Mailing Address:

3750 HACIENDA BLVD., SUITE G
DAVIE, FL 33314

FEI Number: 65-0987659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFON, LYONEL
1911 SABAL PALM DR. #208
FT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

GLENN M. COOPER & ASSOCIATES, P.A.
1560 SAWGRASS CORP PKWY, 4TH FLOOR
SUNRISE, FL 33323 US

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: GLENN M. COOPER

02/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFON, LYONEL
Address: 1911 SABAL PALM DR., #208
City-St-Zip: FT LAUDERDALE, FL 33314

Title: D (X) Delete
Name: KOHL, DAVID W
Address: 1911 SABAL PALM DR., #208
City-St-Zip: FT LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAFON, LYONEL
Address: 3750 HACIENDA BLVD., SUITE G
City-St-Zip: DAVIE, FL 33314 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYONEL LAFON

PD

02/23/2004

Electronic Signature of Signing Officer or Director

Date