


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-11-2007 90031 040 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000015254
 1. Entity Name
MARKET WINE, INC.



Principal Place of Business Mailing Address
3750 HACIENDA BLVD., SUITE G **3750 HACIENDA BLVD., SUITE G**
DAVIE, FL 33314 **DAVIE, FL 33314**

66011603



02252007 No Chg-P CR2E034 (11/05)

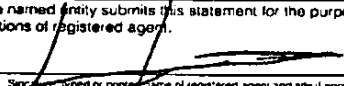
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0987659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
GLENN M. COOPER & ASSOCIATES, P.A.
1560 SAWGRASS CORP PKWY, 4TH FLOOR
SUNRISE, FL 33323

**DO NOT WRITE
 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:  DATE: **04/03/07**

Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renewing)

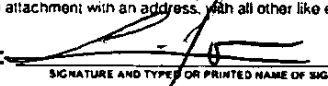
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAFON, LYONEL 3750 HACIENDA BLVD., SUITE G DAVIE, FL 33314
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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:  **LAFON PRESIDENT** DATE: **04/03/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7862082164