



**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90104 001 \*\*\*150.00

BUU232UU



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000033220 1. Entity Name <b>WORLD OF SPIRITS, INC.</b>						Feb 13, 2002 8:00 am <b>Secretary of State</b> 02-13-2002 90104 001 ***150.00																													
Principal Place of Business <b>3855 N US HWY 1 COCOA FL 32926 US</b>						Mailing Address <b>PO BOX 719 SHARPES FL 32959 US</b>						B0023200 																							
2. Principal Place of Business Suite, Apt. #, etc.						3. Mailing Address Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE																							
City & State						City & State																													
Zip			Country			Zip			Country																										
6. Name and Address of Current Registered Agent <b>JACQUEIN, VICTORIA 5300 FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI FL 33131-2339</b>												4. FEI Number <b>59-3636369</b> Applied For Not Applicable																							
												7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																							
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.																																			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>												<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>												10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees											
11. OFFICERS AND DIRECTORS												12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D BERNKRANT, KEITH 3855 N US HWY 1 COCOA FL 32926</b>						<input type="checkbox"/> Delete						TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
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13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																																			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>												Date: <b>1/23/2002</b> Phone #: <b>321-639-4842</b>																							