


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 042 ***150.00

DOCUMENT # P00000113670

1. Entity Name
EUROPEAN WINES & SPIRITS, INC.



Principal Place of Business
**27007 FORDHAM DRIVE
 WESLEY CHAPEL, FL 33543**

Mailing Address
**2700 FORDHILL DR
 ZEPHYRHILLS, FL 33543**

40121403



2. Principal Place of Business - No P.O. Box #
2724 Anzio Ct

3. Mailing Address
2724 Anzio Ct

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

06052007 Chg-P CR2E034 (12/06)

City & State
Palm Beach Gardens, Florida

City & State
Palm Beach Gardens, Florida

Zip
33410

Country
US

Zip
33410

Country
US

4. FEI Number
59-3700954

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**SZAFRICS, IMRE
 424 E. CENTRAL BLVD
 #106
 ORLANDO, FL 33801**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number Is Not Acceptable) _____

City _____ **FL** 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. 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
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARANYAI, JANOS 12157 W LINEBAUGH #306 TAMPA, FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAJNAL, LAZSLO 12157 W LINEBAUGH #306 TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James Souza **6/11/2007**

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