2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jun 22, 2007 8:00 am **Secretary of State DOCUMENT #** P00000113670 - -1. Entity Name 06-22-2007 90001 042 ***150.00 **EUROPEAN WINES & SPIRITS, INC.** Principal Place of Business Mailing Address 27007 FORDHAM DRIVE 2700 FORDHILL DR 40121403 WESLEY CHAPEL, FL 33543 ZEPHYRHILLS, FL 33543 2. Principal Place of Business - No P.O. Box # 2724 Av 210 3. Mailing Address 2724 Anzio (40 Suite, Apt. #, etc. Suite, Apt. #, etc. 06052007 Chg-P CR2E034 (12/06) 104 104 City & State City & State 4. FEI Number Applied For Pain Beach Gordens, Flonida Palm Beach Gardens, Flonds 59-3700954 Not Applicable Country \$8.75 Additional 45 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SZAFRICS, IMRE Street Address (P.O. Box Number Is Not Acceptable) 424 E. CENTRAL BLVD #106 ORLANDO, FL 33801 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME BARANYAI, JANOS NAME STREET ADDRESS 12157 W LINEBAUGH #306 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA, FL 33626 ΠΠF 🗷 Delete TITLE ☐ Change ☐ Addition NAME HAJNAL, LAZSLO NAME STREET ADDRESS 12157 W LINEBAUGH #306 STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33626** CITY-ST-ZIP ■ Addition ☐ Delete Change NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

6/11/2007

Daytime Phone #