


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90021 001 \*\*\*150.00

<b>DOCUMENT # P01000041210</b> 1. Entity Name GINUWINE CONCEPTS, INC.			
Principal Place of Business 6110 N OCEAN BLVD #27 OCEAN RIDGE, FL 33435		Mailing Address 6110 N OCEAN BLVD #27 OCEAN RIDGE, FL 33435	
2. Principal Place of Business <b>355 NE 5TH AVE</b>		3. Mailing Address <b>355 NE 5TH AVE</b>	
Suite, Apt. #, etc. <b>SUITE 7</b>		Suite, Apt. #, etc. <b>SUITE 7</b>	
City & State <b>DELRAY BEACH FL</b>		City & State <b>DELRAY BEACH, FL</b>	
Zip <b>33483</b> Country		Zip <b>33483</b> Country	
4. FEI Number <b>65-1101844</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PERRY, MARK A</b> <b>50 SE FOURTH AVENUE</b> <b>DELRAY BEACH, FL 33483</b>		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BLUM, THOMAS R 6110 N OCEAN BLVD #27 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLUM, BRABARA K 6110 N OCEAN BLVD #27 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 NE 5TH AVE SUITE 7 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 NE 5HT AVE SUITE 7 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 NE 5HT AVE SUITE 7 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.			
SIGNATURE: <u><i>DMB</i></u>		Date <u>2-4-2004</u> Daytime Phone # <u>561-272-2886</u>	