## \* -2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # P01000041210 GINUWINE CONCEPTS, INC. Principal Place of Business Mailing Address 355 NE 5TH AVE 355 NE 5TH AVE STE 7 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Sorte, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-1101844 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRY, MARK A Street Address (P.O. Box Number is Not Acceptable) 50 SE FOURTH AVENUE DELRAY BEACH FL 33483 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 Solution, I year or present representative the placetor. (NOTE: Registered Agent eignature required when reimtating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Derete THE ☐ Change ■ Addition BLUM, THOMAS R NAME MAME STREET ADDRESS 355 NE 5TH AVE. STE7 STREET ADDRESS CiTY-ST-7IP DELRAY BEACH FL 33483 CITY-ST-ZIP VSD ☐ Change TITLE De ete TITLE ☐ Addition BLUM, BARBARA K NAME NAME STREET ADDRESS 355 NE 5TH AVE. STE7 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZiP U00000804885 THE ☐ Derete TITLE Change Addition 02/05/08-80085-023 150.00 HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3177 F Defete Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP HILE De ele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDIRESS CITY-ST- 7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_

SIGNATURE AND TYPED OR