2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090430

RUSSELL, CLÁYTON

8020 LANTERN LIGHT

TALLAHASSEE, FL 32312

Name:

Address:

City-St-Zip:

Entity Name: W.M.A.S. WINE & SPIRITS, INC.

FILED May 04, 2005 Secretary of State

Entity Name: W.M.A.S. WINE & SPIRITS, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
2695-B CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308							
Current Mailing Address:				New Mailing Address:			
2695-B CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308							
FEI Number:	59-3745112	FEI Number Applied For ()	FEI Numb	oer Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MARTIN, WILLIAM F 3007-36 SHAMROCK DR NORTH TALLAHASSEE, FL 32309 US				SHIRIAEV, ANDREI V PD 3007 SHAMROCK ST N APT 40 TALLAHASSEE, FL 32309 US			
The above in the State		submits this statement for the	purpose of o	changing it	s registered	d office or registered agent, or both,	
SIGNATURE: ANDREI V SHIRIAEV				05/04/2005			
	Electro	nic Signature of Registered Ag	ent			Date	
		93(2)(b), F.S., the corporation did nage Trust Fund Contribution ().	ot receive the	e prior notice	е.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (X MARTIN, WILL 3007-36 SHAN TALLAHASSER	IROCK DR. N.	N A	Fitle: Name: Address: Dity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VTD (X MARTIN, MAR 3007-36 SHAN TALLAHASSE	IROCK DR. N.	N A	Fitle: Name: Address: Dity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SHIRIAEV, AN	DIAN RD., APT. #174	N A	Fitle: Name: Address: Dity-St-Zip:		(X) Change () Addition NDREI V ROCK ST N APT 40 EE, FL 32309	
Title:	VD () Delete	Т	Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREI V SHIRIAEV PD 05/04/2005