2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/2

FILED
Jun 18, 2004 8:00 am
Secretary of State
05-03-2004 90659 011 ***150.00

DOCUMENT # P02000032169

1. Entity Name

BIZIER WINE IMPORT CORP.

Principal Place of Business	Mailing Address
5342 ARCHSTONE DR., STE. 307 TAMPA FL 33634	5342 ARCHSTONE DR., STE. 307 TAMPA FL 33634

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
6820 SELFridge, ST	6820 SELFridge, ST
Suite, Apt #, etc. 3K	Suite, Apt #, etc. 3K
City & State FOREST Hills, NY	City & State FOREST Hills, NY
Zip 11375 Country	Zip 11375 Country

4. FEI Number 02-0601456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIZIOLI, FERNANDO 5342 ARCHSTONE DR., STE. 307 TAMPA FL 33634	Name FERNANDO Vizioli Street Address (P.O. Box Number is Not Acceptable) 1205 MARIPOSA Ave Ste 328 City CORAL GabLe, FL 33146

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
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS VIZIOLI, FERNANDO G 5342 ARCHSTONE DR STE 307 TAMPA FL 33634 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS FERNANDO Vizioli 6820 SELFridge ST. Ste 3K FOREST Hills, NY. 11375 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE: ______________________ 04/28/04 813-765/0483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #