


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90018 005 \*\*\*158.75

|   |   |
|---|---|
| DOCUMENT # P02000045431                               |  |
| 1. Entity Name<br>67 WINE AND SPIRITS MERCHANTS, INC. |   |

|   |  |
|---|--|
| Principal Place of Business<br>2731 NE 46TH ST<br>LIGHTHOUSE POINT, FL 33064<br>6433 W. BROWARD BLVD<br>PLANTATION FL 33317 | Mailing Address<br>2731 NE 46TH ST<br>LIGHTHOUSE POINT, FL 33064<br>5479 N.O. FEDERAL HWY<br>FT. LAUDERDALE FL 33308 |
|---|--|



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01112005 No Chg-P CR2E034 (10/03)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>30-0090460  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>WEISER, JOEL<br>5479 N FEDERAL HWY<br>FORT LAUDERDALE, FL 33308 |
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IN THIS SPACE**

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><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEISER, JOEL<br>2731 NE 46TH ST<br>LIGHTHOUSE POINT, FL 33064   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEISER, MURIEL<br>2731 NE 46TH ST<br>LIGHTHOUSE POINT, FL 33064 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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:** Muriel Weiser **MURIEL WEISER** / 2-16-05 954-229-6042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #