2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000045431								FILED					
1. Entity Name 67 WINE AND SPIRITS MERCHANTS, INC.								07 MAY 14 AH 8: 37					
*				Town In			1100	TALLAHASSI E, FLORIDA					
				Mailing Address				1211	ISE, FL	, ORIDA			
				5479 N FEDERAL HWY Fort Lauderdale, FL 33308									
									# # # # # # # # # # # # # # # # # # #	ANIA RUM DINUE	AIRE BRAND COM CO		
2. Principal Place of Business - No P.O. Box # 3.				. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				05092007	Chg-P	CR2E	034 (12/06)		
City & State				City & State			4. FEI Number 30-0090460				Applied For Not Applicable		
Zip	Country			Z i p Cour		ntry	y 5 .		of Status Desired		\$8.75 Add		
	6. Name and Address of Current Regi			stered Agent	T		7. Name and	Address of New	Registered				
							MURIEL WRISER						
WEISER, . 5479 N FE		wy	<u>Su</u>			et Address (P.O. Box Number is Not Acceptable)							
FORT LAL	JDERDAL	E, FL 33308	5			77.	N. Fe	Denal 1	-IWY				
								<u>.</u>			Zip Cod	9 -	
9 The shows	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 obligat	ions of regist	eręd agept.	it for the p	ourpose of changing its	register	ea onice o	r register	ed agent, or bo	otn, in the State of i	-lorida. I an	ı tamıllar with,	and accept	
SIGNATURE	//w	useflas	5	MIRKLU	リビら	ER				ی	5/09/	07	
······································	Signature, typed	or printed name of registered a	pent and title	if applicable. (NOT)	E: Registere	ed Agent signat	ute required	when reinstating)		DATE			
Amended AR is \$61.25 9. Election Campaign Fina Trust Fund Contribution						ncing		00 May Be ed to Fees				1	
10.		CTORS			ADDITIONS	/CHANGES TO O	FICERS AN	ID DIRECTOR	S IN 11				
TITLE NAME	D WEISER, JOEL			Delete	E (E					☐ Change	☐ Addition		
STREET ADDRESS	· ·			•	EET ADDRESS								
CITY-ST-ZIP		USE POINT, FL 33	CITY-ST-ZIP										
TITLE Name	D WEISER, MURIEL			Delete	elete TITLE NAME		PRE	SEDENT SED MUDICAL			Change	Addition	
STREET ADDRESS	2731 NE 46TH ST				EET ADDRESS	273	HTHOUSE POINT, FL 3306						
CITY-ST-ZIP	LIGHTHO	USE POINT, FL 33		CITY-ST-ZIP			4-740-	se Poin	TT, FL	3300	64		
title Name			☐ Delete	TITL			en e		, —, , —, , —, ·	Change	Addition		
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title Name		V V	<i>,</i> (☐ Delete	TITLI NAM						Change	Addition	
STREET ADDRESS		ſ				ET ADDRESS							
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STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST-ZIP							
TITLE				☐ Delete	TITLE						☐ Change	Addition	
NAME				E									
STREET ADDRESS CITY-ST-ZIP						EET ADORESS '-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: MUNICIPULA MURIEL WELLOW 5/09/07 254.6045											6042		
J. J. 1771	~··~	SIGNATURE AND TYPED	DR PRINTEI	NAME OF SIGNING OFFICER	OR DIRECT	TOR		-	Date -	-/	Daytime Phone #		