

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000078319

1. Entity Name
TOP HAT WINE & SPIRITS, INC



Principal Place of Business
**5749-104 BIRD ROAD
MIAMI, FL 33155 US**

Mailing Address
**15953 SW 63RD TERR
MIAMI, FL 33193 US**



09052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1183593

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, NELSON
15953 SW 63RD TERR
MIAMI, FL 33193**

**DO NOT WRITE
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

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
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RODRIGUEZ, NELSON 15953 SW 63RD TERR MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D RODRIGUEZ, MARIA 15953 SW 63RD TERR MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/13/06-80003-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/07/06 (305)662-9898

Date

Daytime Phone #