



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000078319 1. Entity Name TOP HAT WINE & SPIRITS, INC	
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Principal Place of Business 5749-104 BIRD ROAD MIAMI, FL 33155 US	Mailing Address 15953 SW 63RD TERR MIAMI, FL 33193 US
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DO NOT WRITE IN THIS SPACE



07232007 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1183593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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: _____ (NOTE: Registered Agent signature required when reinstating)

U00000772004
08/13/07-80003-019 150.00
DATE


FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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

08/06/07 662-5898
Date Daytime Phone #