

**2007 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000095420 1. Entity Name HBWINES, INC.				
Principal Place of Business 5890 SW 80 STREET S. MIAMI, FL 33143		Mailing Address 5890 SW 80 STREET S. MIAMI, FL 33143		
DO NOT WRITE IN THIS SPACE				
				 01222007 No Chg-P CR2E034 (11/05)
		4. FEI Number 82-0564633		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 BARROW, HENRY H 5890 SW 80 STREET MIAMI, FL 33143		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)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
		DATE 02/16/07-80038-004 150.00		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARROW, SANDRA S 5890 SW 80 STREET S. MIAMI, FL 33143			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BARROW, HENRY H 5890 SW 80 STREET S. MIAMI, FL 33143			
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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: <i>Sandra S. Barrow</i>		Date 2/7/07 Daytime Phone # 305 665.2707		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
SANDRA S. BARROW				