
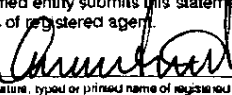
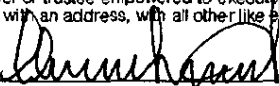


FILED  
Mar 31, 2003 8:00 am  
Secretary of State

03-31-2003 90283 015 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000098190</b>					
1. Entity Name <b>WALDEN OLHAITZ WINE IMPORTS INC.</b>					
Principal Place of Business <b>1111 BAYSHORE BLVD. UNIT B8 CLEARWATER, FL 33759</b>			Mailing Address <b>1111 BAYSHORE BLVD. UNIT B8 CLEARWATER, FL 33759</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>76-0714963</b>			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 <b>WALDEN, ANALOU 1055 PIN OAK ST HOLLYWOOD, FL 33019</b>			7. Name and Address of New Registered Agent Name <b>ANALOU WALDEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 BAYSHORE BLVD. UNIT B8</b> City <b>CLEARWATER</b> FL <b>33759</b>		
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  <b>ANALOU WALDEN</b> DATE <b>3/27/03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)</small>					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to: Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WALDEN, ANALOU</b> <input type="checkbox"/> Delete <b>1055 PIN OAK ST HOLLYWOOD, FL 33019</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WALDEN, ANALOU</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1111 BAYSHORE BLVD. B8 CLEARWATER, FL 33759</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>ANALOU WALDEN</b> DATE <b>3/27/03</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/02)