



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90031 030 \*\*\*158.75

<b>DOCUMENT # P03000008492</b> 1. Entity Name <b>JRS CELLARS, INC.</b>					
Principal Place of Business <b>7601 NW 68TH ST BAY #118 MIAMI, FL 33166</b>			Mailing Address <b>7601 NW 68TH ST BAY #118 MIAMI, FL 33166</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3764217</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>58.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUSO, JOSE R 10273 NW 52ND AVE MIAMI, FL 33178</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SUSO, JOSE R</b> <b>10273 NW 52ND LANE</b> <b>MIAMI, FL 33178</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>FEDERICO ADAN</b> <b>710 LAKEVIEW DRIVE</b> <b>MIAMI BEACH FL 33140</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SERRANO, VICTOR</b> <b>10015-1 NW 9TH ST CIRCLE</b> <b>MIAMI, FL 33172</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 an other like empowered.					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>JOSE R. SUSO</b> <span style="float: right;"><b>05/15/07</b></span> <small>Date Daytime Phone #</small>		