


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90029 048 ***150.00

DOCUMENT # P03000045670

1. Entity Name
FINEST WINES INTERNATIONAL INC.



Principal Place of Business
**3132 FORTUNE WAY
 WELLINGTON, FL 33414**

Mailing Address
**P.O. BOX 249
 LOXAHATCHEE, FL 33470**

2. Principal Place of Business
**1212 N 39th St
 Suite, Apt. #, etc.
 Suite 408**

3. Mailing Address
**1212 N 39th St
 Suite, Apt. #, etc.
 Suite 408**

City & State
TAMPA, FL

City & State
TAMPA FL

Zip
33605

Country
US

Zip
33572

Country
US



01042005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2352798

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LADUKE, JASON -
 2495 DOE TRAIL
 LOXAHATCHEE, FL 33470**

7. Name and Address of New Registered Agent

Name
Barrett, Michael

Street Address (P.O. Box Number is Not Acceptable)
911 Symphony Beach Lane

City
Apollo Beach

FL Zip Code
33572

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 Michael E Barrett **Michael E Barrett, Director** **1/17/05**
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
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADUKE, JASON 2495 DOE TRAIL LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRETT, MICHAEL 911 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARRETT, PATRICIA 911 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director La Duke, Jason 2495 DOE TRAIL Loxahatchee FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President (P.O.) Barrett Michael 911 Symphony Beach Lane Apollo Beach FL 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President, Secretary Barrett, Patricia 911 Symphony Beach Lane Apollo Beach - FL 33572 (V.P.S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Michael E Barrett **Michael E. Barrett** **1/17/05** **813 242 4247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #