

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 408 Tampa, FL 33605		3. Mailing Address 1212 N 39th St Suite 408 Tampa, FL 33572	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33605		Zip 33572	
Country US		Country US	
4. FEI Number 56-2352798		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 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 <u>Michael E. Barrett</u> <u>Michael E. Barrett, Director</u> <u>1/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD LADUKE, JASON 2495 DOE TRAIL LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director La Duke, Jason 2495 DOE TRAIL Loxahatchee FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRETT, MICHAEL 911 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President (P.O.) Barrett, Michael 911 Symphony Beach Lane Apollo Beach FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARRETT, PATRICIA 911 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President, Secretary Barrett, Patricia 911 Symphony Beach Lane Apollo Beach FL 33572
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
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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: <u>Michael E. Barrett</u> <u>Michael E. Barrett</u> <u>1/17/05</u> <u>813 242 4247</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			