


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90052 037 ***150.00

| | |
|---|---|
| DOCUMENT # P03000058301 |  |
| 1. Entity Name FLORIDA VINTAGE CORP. | |

| | |
|---|---|
| Principal Place of Business 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131 | Mailing Address 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
55-0839427 Applied For
Not Applicable

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



6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
 520 BRICKELL KEY DR STE 0-305
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Transglobal Corporate Administration LLC
 Street Address (P.O. Box Number is Not Acceptable): 520 Brickell Key Drive Ste 0-305
 City: Miami FL Zip Code: 33131

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: Maro Rojas DATE: 03/10/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SAGER, STELLA C | |
| STREET ADDRESS | 520 BRICKELL KEY DR STE 0-305 | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TIBBLE, DEREK J | |
| STREET ADDRESS | 520 BRICKELL KEY DR STE 0-305 | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURLEM, SANDRA L | |
| STREET ADDRESS | 520 BRICKELL KEY DR STE 0-305 | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Maro E. Rosas DATE: 03/10/2004 (305) 394-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #