


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90037 015 \*\*\*150.00

<b>DOCUMENT # P03000068398</b>	
1. Entity Name <b>WINESTAR USA, INC.</b>	

Principal Place of Business <b>7721 E UPPER RIDGE DR PARKLAND, FL 33067-2382</b>	Mailing Address <b>7721 E UPPER RIDGE DR PARKLAND, FL 33067-2382</b>
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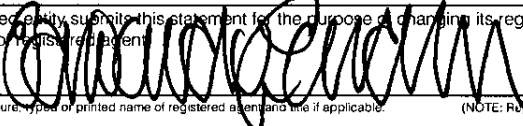
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>11-3694282</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FRYE, AUSTIN A C/O LAW OFFICES OF AUSTIN A FRYE 20900 W DIXIE HWY NORTH MIAMI BEACH, FL 33180</b>	
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7. Name and Address of New Registered Agent Name <b>EDWARD SANDERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7721 E. UPPER RIDGE DR</b> City <b>PARKLAND</b> FL <b>33067</b>	
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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 this registered agent.	
SIGNATURE 	DATE <b>2/8/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PTD SANDERS, ED 7721 E UPPER RIDGE DR PARKLAND, FL 330672382</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>SD BELLINI, NICHOLAS T 7721 E UPPER RIDGE DR PARKLAND, FL 330672382</b>	
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	<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
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 of that officer or director.	
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SIGNATURE: 	<b>EDWARD SANDERS</b> <b>PRESIDENT</b> Date <b>2/8/04</b> Daytime Phone # <b>954.345.5205</b>
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