

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 043 ***158.75

DOCUMENT # P03000071423

1. Entity Name
ELLENTON LIQUORS AND WINE, INC.



Principal Place of Business
5909 FACTORY SHOPS BLVD.
ELLENTON, FL 34222

Mailing Address
5 CHESHIRE PLACE
STATEN ISLAND, NY 10301 } **DELETE**

2. Principal Place of Business
5909 FACTORY SHOPS BLVD

3. Mailing Address
5909 FACTORY SHOPS BLVD

Suite, Apt. #, etc.



04262006 Chg-P CR2E034 (11/05)

City & State
ELLENTON, FL

Zip
34222

Country
FLORIDA

4. FEI Number
41-2100871

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LA BARBERA, MARIANNE
5909 FACTORY SHOPS BLVD.
ELLENTON, FL 34222

7. Name and Address of New Registered Agent

Name **PIERRE ABADJIAN**

Street Address (P.O. Box Number is Not Acceptable)

5909 FACTORY SHOPS BLVD

City **ELLENTON**

FL

Zip Code
34222

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

[Signature]

PIERRE ABADJIAN - PRESIDENT

MAY-01-06

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
P / PRESIDENT ☐ Delete

NAME
ABADJIAN, PIERRE

STREET ADDRESS
705 HUBBEL ROAD

CITY-ST-ZIP
BRADENTON, FL 34208

TITLE
VP ☒ Delete

NAME
LA BARBERA, JOSEPH J

STREET ADDRESS
10806 DORMAN MEADOW LANE

CITY-ST-ZIP
LITHIA, FL 33547

TITLE
S/T ☒ Delete

NAME
LA BARBERA, MARIANNE

STREET ADDRESS
5 CHESHIRE PLACE

CITY-ST-ZIP
STATEN ISLAND, NY 10301

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

[Signature]

PIERRE ABADJIAN / PRES.

05-01-06

941-722-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone