

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089555

FILED
Feb 16, 2009
Secretary of State

Entity Name: CELLARS WAREHOUSE OF AVENTURA, INC.

Current Principal Place of Business:

21055 BISCAYNE BLVD.
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2763 NE 17TH STREET
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 42-1601919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, STEPHEN R
2763 NE 17TH STREET
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MORSE, STEPHEN R
Address: 2763 NE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: CEO () Delete
Name: STEWART, GARY L
Address: 2869 NE 28TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: STEWART, GARY L
Address: 1840 CORAL RIDGE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE MORSE

CEO

02/16/2009

Electronic Signature of Signing Officer or Director

Date