


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90488 008 ***150.00

DOCUMENT # P03000101116	
1. Entity Name SOLOMON'S WINES, INC.	

Principal Place of Business 17100 COLLINS AVENUE SUITE 107 SUNNY ISLES BEACH FL 33160 US	Mailing Address 17100 COLLINS AVENUE SUITE 107 SUNNY ISLES BEACH FL 33160 US
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2. Principal Place of Business 17100 COLLINS AVE.	3. Mailing Address 17100 COLLINS AVE.
Suite, Apt. #, etc. SUITE #107	Suite, Apt. #, etc. SUITE #107

City & State SUNNY ISLES BEACH, FL	City & State SUNNY ISLES BEACH, FL
Zip 33160	Zip 33160
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent PORTEN, MICHAEL 17100 COLLINS AVENUE SUITE 107 SUNNY ISLES BEACH FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 registered agent.

SIGNATURE *Michael Porten* **4.21.04** DATE

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTEN, MICHAEL 17100 COLLINS AVENUE SUITE 107 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael Porten* **Michael L. PORTEN** **4.07.04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR