


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000106698					
1. Entity Name DIGITAL WINE CELLAR, INC.					
Principal Place of Business 615 OCEAN DRIVE STE 11-B KEY BISCAWAYNE FL 33149		Mailing Address 615 OCEAN DRIVE STE 11-B KEY BISCAWAYNE FL 33149			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2401275	Applied For Not Applicable
6. Name and Address of Current Registered Agent SCHOBEL, ANDREAS 615 OCEAN DRIVE STE 11-B KEY BISCAWAYNE FL 33149			7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	MR.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SCHOBEL, ANDREAS		NAME		
STREET ADDRESS	615 OCEAN DRIVE, APT. 11-B		STREET ADDRESS	U00000367490	
CITY-ST-ZIP	KEY BISCAWAYNE FL 33149		CITY-ST-ZIP	05/18/05-80006-001 150.00	
TITLE	MR.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GOLDSMITH, JONATHAN		NAME		
STREET ADDRESS	500 WALL STREET, APT. 1107		STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA 98121		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andreas Schobel **CEO** 5/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #