

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90005 047 ***150.00

DOCUMENT # P03000115903

1. Entity Name
PAPA'S VINO, INC.



Principal Place of Business
**11286 NW 69TH PL
PARKLAND, FL 33076**

Mailing Address
**11286 NW 69TH PL
PARKLAND, FL 33076**

54055454



2. Principal Place of Business

12090 N.W. 71 STREET
Suite, Apt. #, etc.

3. Mailing Address

12090 NW 71 STREET
Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

PARKLAND FL.
Zip **33076** Country **USA**

City & State

PARKLAND FL.
Zip **33076** Country **USA**

4. FEI Number

20-0314109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name **ALEJANDRO E. ROCA**
Street Address (P.O. Box Number is Not Acceptable)
12090 NW 71 STREET

City **PARKLAND** FL Zip Code **33076**

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROCA, ALEJANDRO E**
STREET ADDRESS **% 11286 NW 69TH PL**
CITY-ST-ZIP **PARKLAND, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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 **D. PRES.** ☒ Change ☐ Addition
NAME **ROCA, ALEJANDRO E.**
STREET ADDRESS **12090 N.W. 71 STREET**
CITY-ST-ZIP **PARKLAND FL. 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEJANDRO ROCA **5-1-2004** **(954) 509-0170**
PRES. Date Daytime Phone #