

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018124

FILED
Jan 05, 2006
Secretary of State

Entity Name: WINE WAREHOUSE OF FT. LAUDERDALE, INC.

Current Principal Place of Business:

3624 NW 97 BLVD
GAINESVILLE, FL 32606 US

New Principal Place of Business:

2554 N FEDERAL HWY
FT LAUDERDALE, FL 33305 US

Current Mailing Address:

3624 NW 97 BLVD
GAINESVILLE, FL 32606 US

New Mailing Address:

1750 DOBBS ROAD
ST AUGUSTINE, FL 32084 US

FEI Number: 20-2269738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORN, MELINDA P
3624 NW 97 BLVD
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

DORN, MELINDA
1750 DOBBS ROAD
ST AUGUSTINE, FL 32084 US

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: MELINDA DORN

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DORN, MELINDA P
Address: 3624 NW 97 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VP () Delete
Name: VILLAVECES, FELIPE
Address: 3624 NW 97 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: T () Delete
Name: KNOLL, JAMES
Address: 3624 NW 97 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DORN, MELINDA
Address: 1750 DOBBS ROAD
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: VP (X) Change () Addition
Name: VILLAVECES, FELIPE
Address: 1750 DOBBS ROAD
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: T (X) Change () Addition
Name: KNOLL, JAMES
Address: 1750 DOBBS ROAD
City-St-Zip: ST AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MELINDA DORN

P

01/05/2006

Electronic Signature of Signing Officer or Director

Date