2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018124

FILED Apr 26, 2009 Secretary of State

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

urrent P	Principal Place of	Business:	New Principal Place	of Business:
	T OAKLAND PARK D PARK, FL 33410			
urrent N	Mailing Address:		New Mailing Addres	ss:
	BBS ROAD ISTINE, FL 32084	US		
El Number	r: 20-2269738 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:
	ELINDA BBS ROAD ISTINE, FL 32084	US		
o AUGU	OTHVE, I E 02004	00		
he above			purpose of changing its registere	ed office or registered agent, or both,
he above	e named entity subl e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
he above the Stat	e named entity subi e of Florida. RE:			ed office or registered agent, or both, Date
he above the Stat	e named entity sub e of Florida. RE: Electronic S	mits this statement for the		
The above the Stati SIGNATU	e named entity sub e of Florida. RE: Electronic S	mits this statement for the Signature of Registered Agust Fund Contribution ().	ent	
The above the Stati SIGNATU	e named entity subi e of Florida. RE: Electronic S impaign Financing Tru	mits this statement for the signature of Registered Agust Fund Contribution ().	ent	Date
the above the State of the Stat	e named entity substee of Florida. RE: Electronic Sumpaign Financing True S AND DIRECTOI P () Del- DORN, MELINDA 1750 DOBBS ROAL	mits this statement for the Signature of Registered Agust Fund Contribution (). RS: ete 32084 US ete PE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: MELINDA DORN P 04/26/2009