## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000141704

Entity Name: THE VINE INVESTMENTS INC

FILED Jan 08, 2008 Secretary of State

		E II VV EOT WEIVTO, II VO.				
Current P	rincipal Plac	e of Business:	New Principal Place of Business:			
20210 NE N. MIAMI,	10 PLACE FL 33179					
Current Mailing Address:			New Mailing Address:			
20210 NE N. MIAMI,	10 PLACE FL 33179					
FEI Number: 51-0562006 FEI Number Applied For ( )			FEI Number Not Appl	El Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	d Address of	Current Registered Agent:	Name and	Address of New Re	gistered Agent:	
20210 NÉ N. MIAMI,		US				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered office or	registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ac	gent		Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	JUDSON, PAK	45 MIAMI FL 33247	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	HOLMES, KEF 941 S PARK R	) Delete RSAUNDER L VP ID , FL 33021 US	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	T ( HAMILTON, JO 20321 NE 7TH MIAMI, FL 33	PL	Title: Name: Address: City-St-Zip:	()Change	e ( ) Addition	
Title: Name: Address: City-St-Zip:	QUINN, GILLE	ST UNIT #106	Title: Name: Address: City-St-Zip:	()Change	e ( ) Addition	
Title: Name: Address:	(	) Delete	Title: Name: Address:	D () Change TAYLOR, XAVIER D 570 NW 41ST	e (X) Addition	

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.

City-St-Zip: MIAMI, FL 33127

SIGNATURE: PAKI JUDSON P 01/08/2008

City-St-Zip: