


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P27925</b> 1. Entity Name WINESELLERS, LTD.	
---	---

Principal Place of Business 9933 N. LAWLER AVE SUITE 230 SKOKIE, IL 60077 US	Mailing Address 9933 N. LAWLER AVE SUITE 230 SKOKIE, IL 60077 US
---	---

DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2942440	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  HALPERN, MARK 290 N.W. 165TH STREET SUITE P-100 MIAMI, FL 33169
---

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000004489 01/29/07-80056-006 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAGER, YALE 2327 MOHAWK LN GLENVIEW, IL 60026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAGER, RITA 2327 MOHAWK LANE GLENVIEW, IL 60026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Yale Sager, Pres 1/23/07 847/679-0121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #