2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P28221

1. Entity Name
CLASSIC WINE IMPORTS, INC.

Principal Place of Business	Mailing Address
99 RIVERMOOR ST. BOSTON, MA 02132 US	99 RIVERMOOR ST. BOSTON, MA 02132 US

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number 04-2453810	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOWITZ, BERNARD
131 GOLF CLUB DRIVE
LONGWOOD, FL 32779

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

U00000084457
03/11/04-80007-006 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PT
NAME	MATTIGNETTI, CARMINE A
STREET ADDRESS	38 SUFFOLK RD
CITY-ST-ZIP	CHESTNUT HILL, MA 02467
TITLE	C
NAME	MARTIGNETTI, CARL J
STREET ADDRESS	531 BOYLSTON ST
CITY-ST-ZIP	BROOKLINE, MA 02146
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	

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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: _C C Martignetti_   3/8/04 (617)469-5799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #