


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P28221**  
 1. Entity Name  
**CLASSIC WINE IMPORTS, INC.**



Principal Place of Business      Mailing Address  
**975 UNIVERSITY AVE.**      **975 UNIVERSITY AVE.**  
**NORWOOD, MA 02062 US**      **NORWOOD, MA 02062 US**

**DO NOT WRITE IN THIS SPACE**



04262006    No Chg-P    CR2E034 (11/05)

4. FEI Number      { Applied For  
**04-2453810**      { Not Applicable

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

8. Name and Address of Current Registered Agent  
**LOWITZ, BERNARD**  
**131 GOLF CLUB DRIVE**  
**LONGWOOD, FL 32779**

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6. 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 reissuing)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

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	

U00000546315  
 05/11/06-80112-012 150.00

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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: *Carmine Montignetti*      4/21/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #