

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90148 033 ***150.00

DOCUMENT # P32381

1. Entity Name

TREBON WINE & SPIRITS CORP.



Principal Place of Business

18-02 131ST STREET
COLLEGE PT NY 11356

Mailing Address

P. O. BOX 560180
COLLEGE POINT NE 11356-0180
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2307531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

MOSEY, ALVIN
% RAHCO INTERNATIONAL
850 BEACH BLVD
ST AUGUSTINE BEACH FL 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	BONACCOLTA, LOUIS NOEL	
STREET ADDRESS	33-12 165TH STREET	
CITY-ST-ZIP	FLUSHING NY	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BONACCOLTA, DORA LARA	
STREET ADDRESS	33-12 165TH STREET	
CITY-ST-ZIP	FLUSHING NY	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BONACCOLTA, DORA LARA	
STREET ADDRESS	33-12 165TH STREET	
CITY-ST-ZIP	FLUSHING NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sara Bonaccolta 5/30/06 718 886-7310