


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90077 050 \*\*\*150.00

<b>DOCUMENT # P93000014040</b>	
1. Entity Name AUGUSTAN WINE IMPORTS, INC.	

Principal Place of Business 3401 NORTH 29 AVENUE HOLLYWOOD, FL 33020 US	Mailing Address 3401 NORTH 29 AVENUE HOLLYWOOD, FL 33020 US
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2. Principal Place of Business 19501 SW 39th CT	3. Mailing Address 19501 SW 39th CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIRAMAR, FL	City & State MIRAMAR, FL
Zip 33029	Country USA

40000000



06072005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0394704	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  NORTON, SAM D ESQ SARASOTA CITY CENTER 1819 MAIN ST, SUITE 610 SARASOTA, FL 34236	
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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: 	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, PROAL 19501 SW 39TH CT MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIELDS-PERRY, CONSTANCE 19501 SW 34TH CT MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KANE-HARTNETT, JOHN 1405 WEST BROOK DR SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	CONSTANCE MIELDS PERRY	607105	954-266-2302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT

40089001  
# 193000014040

June 7, 2005

To Whom It May Concern:

Last year I made a note to change the business address, but for some reason it did not happen, so I never received the 2005 form. Realizing that I had not received it, I went on line to fill out the enclosed form. It would be great if this time, the address is changed to reflect the new permanent address of 19501 SW 39<sup>th</sup> Court, Miramar, Fl. 33029. I have enclosed the documents from last year, so you can confirm that I did try to change the business and mailing address in 2004. Thank you for your cooperation.

Sincerely,

Connie Mields-Perry



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90068 041 \*\*\*150.00

**ATTACHMENT**

40089001

<b>DOCUMENT # P93000014040</b> 1. Entity Name <b>AUGUSTAN WINE IMPORTS, INC.</b>					
Principal Place of Business <b>3401 NORTH 29 AVENUE HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>3401 NORTH 29 AVENUE HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business <b>19501 SW 39th Ct</b>		3. Mailing Address <b>19501 SW 39th Ct</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07282004 Chg-P CR2E034 (10/03)	
City & State <b>Miramar, FL</b>		City & State <b>Miramar, FL</b>		4. FEI Number <b>65-0394704</b>	
Zip <b>33029</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NORTON, SAM D ESQ SARASOTA CITY CENTER 1819 MAIN ST, SUITE 610 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 <span style="float: right;">8/14/04</span> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PERRY, PROAL</b> <b>19501 SW 39TH CT</b> <b>MIRAMAR, FL 33029</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary: Perry, Proal</b> <b>19501 SW 39th Ct</b> <b>Miramar, FL 33029</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MIELDS-PERRY, CONSTANCE</b> <b>19501 SW 34TH CT</b> <b>MIRAMAR, FL 33029</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>KANE-HARTNETT, JOHN</b> <b>1405 WEST BROOK DR</b> <b>SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 my access with all other like empowered.					
SIGNATURE: <b>CONSTANCE MIELDS-PERRY</b> <span style="float: right;">7/28/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment  
40089001  
# P93000014040

August 10, 2004

Hi Sam,

Please sign and forward to the following address:

Division of Corporations  
2670 Executive Ctr Circle  
Suite 100  
Tallahassee, Florida 32301

Thanks,

Connie

Attachment

40089001

# P93000014040

July 28, 2004

To Whom It May Concern:

We never received our annual report 2004 and I did not realize this until after the May deadline, at which time I telephoned the Division of Corporations to ask for a hard copy to be mailed to me. When June rolled around, I still had not received a hard copy, so I called again and requested hard copy to be sent. Today, I called for a third time, and was told to go online to download a hard copy. Enclosed is annual report and check for \$150.00. I hope you will not penalize me for late fee, as I have stated that we never received the report in the mail. Our address has changed and I have also noted a change in the title of one of the officers, which I changed on the previous year's report (also enclosed). Please let me know if you have any questions. Thank you.

Sincerely,



Connie Miels-Perry