

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081814

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: DRINKS INTERNATIONAL MANAGEMENT, INC.

## Current Principal Place of Business:

1859, UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071 US

## New Principal Place of Business:

## Current Mailing Address:

1859, UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071 US

## New Mailing Address:

FEI Number: 65-0455446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, ROBERT D  
128 NW 110TH WAY  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILSON, ROBERT D MR  
Address: 128 NW 110TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete  
Name: WILSON, ELISA MS  
Address: 128 NW 110TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: ROJAS, JULIO MR  
Address: 7091 RAIN FOREST DR.  
City-St-Zip: BOCA RATON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROJAS, JULIO MR  
Address: 10973 HIDDEN LAKE PLACE.  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D. WILSON

MR

03/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date