


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90002 038 ***150.00

DOCUMENT # P95000015844 1. Entity Name VOLPE LIQUORS, INC.					
Principal Place of Business 1631 WASHINGTON AVE. MIAMI BEACH, FL 33139			Mailing Address P.O. BOX 640673 MIAMI, FL 33316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1550 NE MIAMI GARDENS DRIVE			
Suite, Apt. #, etc. 305		Suite, Apt. #, etc. 305		08222007 Chg-P CR2E034 (12/06)	
City & State NORTH MIAMI BEACH FL.		City & State NORTH MIAMI BEACH FL.		4. FEI Number 65-0558973	
Zip 33179		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PESETSKY, WALTER S 1367 NE 162ND ST. N. MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name GENE S. ROSEN Street Address (P.O. Box Number is Not Acceptable) SUITE 305 1550 NE MIAMI GARDENS DRIVE City NORTH MIAMI BEACH FL Zip Code 33179	
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 <u><i>Gene S. Rosen</i></u> GENE S ROSEN DATE 8/23/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 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	D <input type="checkbox"/> Delete VOLPE, ANTHONY 1367 NE 162ND ST. N. MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANTHONY VOLPE SUITE 305, 1550 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179		
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		
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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 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: <u><i>Anthony Volpe</i></u> ANTHONY VOLPE, PRESIDENT DATE 8/24/07 DAYTIME PHONE # 305-949-263 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					