


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000014475
 1. Entity Name
 MAJOR WINE AND LIQUORS, INC.



Principal Place of Business: 20801 BISCAYNE BLVD, SUITE 303, AVENTURA, FL 33180
 Mailing Address: 20801 BISCAYNE BLVD, SUITE 303, AVENTURA, FL 33180



07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1024275 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARGULES, SCOTT
 20801 BISCAYNE BLVD, SUITE 303
 AVENTURA, FL 33180

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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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | PTD |
| NAME | BARNES, ALVIN |
| STREET ADDRESS | 20321 NORTH EAST 10TH PLACE |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33179 |
| TITLE | VD |
| NAME | BARNES, BERBERTH JAMES |
| STREET ADDRESS | 20321 NORTH EAST 10TH PLACE |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33179 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000373805
 07/19/05-80005-018 8.75

U00000373605
 07/19/05-80005-017 550.00

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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: Alvin Barnes ALVIN BARNES 7/14/05 (305) 651-2713
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #