

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000092667**

1. Entity Name  
VILLAGE WINE AND SPIRITS, INC.



Principal Place of Business  
731 VILLAGE BLVD., #109  
W. PALM BEACH, FL 33409

Mailing Address  
731 VILLAGE BLVD., #109  
W. PALM BEACH, FL 33409



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0954045

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ANEQ, FOUAD  
731 VILLAGE BLVD., #109  
W. PALM BEACH, FL 33409

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000789628

01/23/08-80001-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ANEQ, FOUAD  
STREET ADDRESS 731 VILLAGE BLVD., #109  
CITY-ST-ZIP W. PALM BEACH, FL 33409

TITLE VST  
NAME ANEQ, FOUAD  
STREET ADDRESS 731 VILLAGE BLVD., #109  
CITY-ST-ZIP W. PALM BEACH, FL 33409

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President 1-15-08*

Date

Daytime Phone #

561-622-0729