

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

01-20-2004 90046 048 ***150.00

DOCUMENT # F98000001482

1. Entity Name
CODORNIU NAPA, INC.



Principal Place of Business
**1345 HENRY ROAD
 NAPA, CA 94559**

Mailing Address
**1345 HENRY ROAD
 NAPA, CA 94559**

66402813



DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number **94-3074046** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

John Dougherty
1340 U.S. Highway One, Suite 102
Jupiter, FL 33469

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 **John Dougherty:**

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature] **2/16/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENTON, MICHAEL 19185 SEVENTH ST E SONOMA, CA 95476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAGES, XAVIER PGE. FONTANELLES #9, 08017 BARCELONA, SPAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILBRETH, DAVID 1022 ROSS CIRCLE NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAENZ, MAGIN R CALATRAVAN #78, 08017 BARCELONA, SPAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ARTES, MANUEL R JUAN DE URPI #9, 00034 BARCELONA, SPAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ARTES, JORDI R ELEONOR DE PINOS #22, 08034 BARCELONA, SPAIN,

DO NOT WRITE IN THIS SPACE

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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Kenton

1/6/04

Date

(707) 224-1668

Daytime Phone #