

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-07-2004 90012 024 ***150.00

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04032004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000011067 1. Entity Name VINEYARDS OF FRANCE, INC.																					
Principal Place of Business 138 REDWING ROAD TAVERNIER, FL 33070			Mailing Address 138 REDWING ROAD TAVERNIER, FL 33070																		
2. Principal Place of Business 110 PORTO SALVO DR Suite, Apt. #, etc.		3. Mailing Address PO BOX 668 Suite, Apt. #, etc.																			
City & State ISLAMORADA, FL Zip 33036		City & State ISLAMORADA, FL Zip 33036		4. FEI Number 5A2094100 Applied For ☐ Not Applicable																	
Country MOLDOVE		Country MOLDOVE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent GARANT, ROBERT 138 REDWING ROAD TAVERNIER, FL 33070			7. Name and Address of New Registered Agent Name 101 GULF VIEW DRIVE UNIT #208 City ISLAMORADA, FL Zip Code 33036																		
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 ROBERT GARANT 4/3/04 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																					
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D ☐ Delete</td> </tr> <tr> <td>NAME</td> <td>GARANT, ROBERT</td> </tr> <tr> <td>STREET ADDRESS</td> <td>138 REDWING ROAD</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAVERNIER, FL 33070</td> </tr> </table>			TITLE	D ☐ Delete	NAME	GARANT, ROBERT	STREET ADDRESS	138 REDWING ROAD	CITY - ST - ZIP	TAVERNIER, FL 33070	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change ☐ Addition ☒</td> </tr> <tr> <td>NAME</td> <td>101 GULF VIEW DR. #208</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ISLAMORADA, FL 33036</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Change ☐ Addition ☒	NAME	101 GULF VIEW DR. #208	STREET ADDRESS	ISLAMORADA, FL 33036	CITY - ST - ZIP	
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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: ROBERT GARANT 4/3/04 305-522-4228 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																					