

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29678

Entity Name: SKALLI CORPORATION

FILED  
Jan 19, 2007  
Secretary of State

## Current Principal Place of Business:

8440 ST. HELENA HWY.  
RUTHERFORD, CA 94573

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 38  
RUTHERFORD, CA 94573 US

## New Mailing Address:

FEI Number: 94-2830523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
110 NORTH MAGNOLIA ST.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SKALLI, ROBERT  
Address: 912 RTE DE MONTEPELLIER  
City-St-Zip: 34200 SETE, FRANCE,

Title: VPT ( ) Delete  
Name: SKALLI, ALBERT  
Address: 143 ROUTE DES 3 LUCS  
City-St-Zip: 13012 MARSEILLE, FRANCE,

Title: VPS ( ) Delete  
Name: SKALLI, BERNARD  
Address: 145 AVENUE DE MALAKOFF  
City-St-Zip: 75116 PARIS, FRANCE,

Title: EVP ( ) Delete  
Name: RODENO, MICHAELA  
Address: 7878 MONEY ROAD  
City-St-Zip: NAPA, CA 94558

Title: AS ( ) Delete  
Name: COLLINS, JAMES E  
Address: 1079 HEDGESIDE AVE  
City-St-Zip: NAPA, CA 94558

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SKALLI

PD

01/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date