

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90010 005 \*\*\*158.75

**DOCUMENT # F00000001505**

1. Entity Name  
**MILDARA BLASS INC.**



Principal Place of Business  
**9600 BELL ROAD  
WINDSOR, CA 95492**

Mailing Address  
**P.O. BOX 368  
WINDSOR, CA 95492**

**04064000**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**94-3261491**

Applied For  
**Not Applicable**

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

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 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**

TITLE	PD
NAME	LANGFORD, KATE
STREET ADDRESS	9600 BELL ROAD
CITY-ST-ZIP	WINDSOR, CA 95492
TITLE	ST
NAME	ROBERTS, DOUGLAS W
STREET ADDRESS	610 AIRPARK ROAD
CITY-ST-ZIP	NAPA, CA 94558
TITLE	CARMICHAEL, LYNNE A
NAME	260 CALIFORNIA STREET, SUITE 1001
STREET ADDRESS	SAN FRANCISCO, CA 94111
CITY-ST-ZIP	
TITLE	V
NAME	SCOTT, PETER F
STREET ADDRESS	610 AIRPARK ROAD
CITY-ST-ZIP	NAPA, CA 94558
TITLE	TREASURER
NAME	DIMITRI ALEXIS VIRIPEFF
STREET ADDRESS	9600 BELL ROAD
CITY-ST-ZIP	WINDSOR, CA 95492
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 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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #