FILED Apr 22, 2008 8:00 am Secretary of State 04-22-2008 90027 017 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0500001731 1. Entity Name DELEGAT'S WINE ESTATE LIMITED, INC.								40	076984				
MARITIME SO AUCKLAND, I	VIADUCT HA) NZ,	RBOUR AVENUE	Mailing Address LEVEL 1,16 VIADUCT HARBOUR AVENUE MARITIME SQ AUCKLAND, NZ, OC					1860 AND AND AND			H161 () [62]		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address AO Box 9/68 / AEVEL 3 7-9 FA Suite, Apt. #, etc. Suite, Apt. #, etc.					ANSH	AWE STR	legt			it ili kali kali			
			City & State				03312008	Chg-P		E034 (12/06)	-atied Ear		
City & State AuCKAANO			AUCKLANO					4. FEI Numb	PPLICABLE	94576	No.	oplied For ot Applicable	
Zip		Country NEW ZEAKANO	Zip		Coun VEV	try ZEALAI	 0	5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of Nev	w Registere	d Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street Address (P.O. Box Number is Not Acceptable)							
									F	Zip Cod	le		
The above named entity submits this statement for the purpose of changing its registered office or re the obligations of registered agent.								ed agent, or bo	th, in the State of			and accept	
_	IIOIIS UI IOGIO	егео адепи.											
SIGNATURE	Signature, typed	for printed name of registered agent ar	nd title if applicable.	(NOTE	Registere	d Agent signature	e required	when reinstating)		DATE	Ē		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.	г_	OFFICERS AND D	DIRECTORS		11.				CHANGES TO C	OFFICERS A			
NAME	1	ROBERT L	. 7370	□ Délete ° →	TITLE NAM	1		* *			. Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	I	GARD ROAD BAY, AUCKLAND NZ,				ET ADDRESS -ST-ZIP							
TITLE	DP			Delete	TITLE	Ε				<u> </u>	Change Change	Addition	
STREET ADDRESS	DELEGA 83 ARNE	T, JAKOV NIKOLA Y RODD			NAM. STRE		47 4	SENSON	ROAD, REI	nuERA			
CITY-ST-ZIP	REMUERD AUCKALND NZ, cm				CITY				GW ZEALAN				
TITLE NAME	DELEGA [*]	T, ROSEMARI SUZAN		Delete	TITLE NAM						Change Change	☐ Addition	
STREET ADDRESS	ADDRESS 33 JUBILEE AVENUE STRI					ET ADDRESS :	TADDRESS 21 STANLEY POINT ROAD ST-ZIP AULKLAND, NEW ZEALAND						
CITY-ST-ZIP	DEVONPORT AUCKLAND NZ, CffY						AUCKI OIRGO		N ZEALAND	-	☐ Change	Addition	
NAME			_		NAM	E .	JANG	FREEMA	N 4-10 =P.S	-m		= 1 1	
STREET ADDRESS CITY-ST-ZIP						II.			lcao, FPS Vew 25ac				
TITLE	<u> </u>		<u></u>	☐ Delete	TITLE	E 4	OIRE C	TOR		<u> </u>	☐ Change	Addition	
STREET ADDRESS					NAM STRE	ET ADDRESS	10HA 133 i	J MAASAA ARA KOTIN	ANO IGA ROAO,	BROOK	вч	:	
CITY-ST-ZIP			 -			-ST-ZIP			AUCKLAN				
TITLE NAME			L	☐ Delete	TITLE NAM						☐ Change	☐ Addition	
STREET ADDRESS						ET ADDRESS -ST-ZIP							
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.													
of the cor	rporation or t	he receiver or trustee empo	wered to execu	ute this report	as requi	emptions cor ture shall hav ired by Chap	ntained ve the s oter 607	i in Chapter 11' same legal effe ', Florida Statut	e, Florida Statute ct as if made und es; and that my n	es. Frurther c ler oath; that ame appear	ertify that the i I am an officer is in Block 10 o	or director or Block 11 if	