## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005191

Entity Name: LANGETWINS WINE COMPANY, INC

FILED Mar 17, 2009 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	AHANT ROAD CA 95220					
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 1858 WOODBRIDGE, CA 95220				1525 E JAHANT ROAD ACAMPO, CA 95220		
FEI Number	: 20-3122830	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
13300 BIS	JEZ, CARLOS CAYNE ISLAN IIAMI, FL 3318					
	e named entity : e of Florida.	submits this statement for the	purpose of changing	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( ) LANGE, MARIS 39154 N. 99TH SCOTTSDALE,	PLACE	Title: Name: Address: City-St-Zip:	LANGE, MAR 1525 E JAHA	NT ROAD	
Title: Name: Address: City-St-Zip:	V () LANGE, KENDI 1298 W. JAHAN ACAMPO, CA	NT ROAD	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ) LANGE, PHILIF 2548 COLONY LODI, CA 9524	DRIVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( ) LANGE, AARON 141 S. CORINT LODI, CA 9524	H AVENUE	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MARISSA J LANGE PRES 03/17/2009