

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90094 029 \*\*\*150.00

**DOCUMENT # F93000001478**

1. Entity Name

**THE VICTOIRE FRENCH-AMERICAN WINE AND SPIRITS  
COMPANY, INC.**



Principal Place of Business

**3053 TEAGARDEN ST  
SAN LEANDRO CA 94577**

Mailing Address

**3053 TEAGARDEN ST  
SAN LEANDRO CA 94577**

2. Principal Place of Business - No P.O. Box #

**23555 HIGHWAY 121**

3. Mailing Address

**PO BOX 2032**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

**SONOMA CA**

City & State

**SONOMA CA**

4. FEI Number

**94-2835101**

Applied For

Not Applicable

Zip

**95476**

Country

**USA**

Zip

**95476**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ASHER, JANET  
9718 W HWY 98  
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CDP  
GROMAN, WILLIAM  
65 BORDEAUX CT.  
DANVILLE CA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
HINMAN, JOHN  
244 CALIFORNIA ST., STE. 300  
SAN FRANCISCO CA 94111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT, TREASURER, DIRECTOR  
JUAN FURNE  
23555 HIGHWAY 121  
SONOMA CA 95476 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIRECTOR  
PEDRO FERRER  
c/o Joan Sala no.2  
08770 Sant Sadurn d'Anoia, Barcelona, Spain ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIRECTOR  
BERND HALLBACH  
C San Francisco Bl,  
08197 Vall d'Oreix, SPAIN ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ASSISTANT SECRETARY  
MONTERRAT LOPEZ  
635 FIRST STREET WEST  
SONOMA CA 95476 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

(707) 996-4981

Date

Daytime Phone #