## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2004 8:00 am Secretary of State

Country   Country   Country   S. Certificate of Status Desired   St. 75 Additional Field Polymer   S. Certificate of Status Desired   St. 75 Additional Field Polymer   S. Certificate of Status Desired   St. 75 Additional Field Polymer   S. Certificate of Status Desired   St. 75 Additional Field Polymer   S. Certificate of Status Desired   St. 75 Additional Field Polymer   S. Certificate of Status Desired   St. 75 Additional Field Polymer   S. Certificate of Status Desired   St. 75 Additional Field Polymer   S. Certificate of Status Desired   St. 75 Additional Field Polymer   S. Certificate of Status Desired   St. 75 Additional Field Polymer		ANNOAI	LKEPOKI		T	<b>1</b>	02-06-200	4 90034 026	***150.00
### PROSE OF PRIZE IS STATEMENT HIND POST OFFICE POX 29 OAKVILLE, CA 94562  2. Principal Place of Business  Sulfe, Act #, etc.  Sulfe, Act #, etc.  City & State  City & S	1. Entity Nam TURNBU	LL WINE CELLARS, INC.	1890				green a	947 3- Nove	
BZ10ST. HELENAHUM ORKVILLE, CA 94562 US ORKVILLE, CA 94564 US ORKV	Principal Plac	e of Business	Mailing Address		I	1		****	•
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Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   O1182004   Chg.P   CR2E034 (10/03)   City & State									
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S. Certificate of Status Desired   See Proglement   See P	·	·					940		Applied For Not Applicable
SERRANO, ROBERTO TRANSATIANTIC SUPPLIERS INC. 7310 NW 79TH TERRACE MEDLEY, FL 33166  6. 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 accident of registered agent, or both, in the State of Florida. I am familiar with, and accident of registered agent, or both, in the State of Florida. I am familiar with, and accident of registered agent, or both, in the State of Florida. I am familiar with, and accident of registered agent, or both, in the State of Florida. I am familiar with, and accident of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of Florida.	Zip	Country Zip Co		Coun	itry				
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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 Fiorida. I am familiar with, and according to the obligations of registered agent.    SigNATURE	TRANSATLANTIC SUPPLIERS INC. 7310 NW 79TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident obligations of registered agent.  SIGNATURE    Signature   Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent dignature received when relocated when	MEDLEY, FL 33166				City	<b>□</b>			
SIGNATURE    Signature, typed or primed rame of registered agent and title if applicable.   (NOTE Registered Agent signature required where intreasting)   DATE	P. The above	named antity submits this statement if		rl   " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
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Signature, typed or primed rame of regulated appert and title if applicable.   (NOTE Registered Aspert signature reculted when nariodatory)   CATE	_}					•	•	•,	
### FILE NOW!!! FEE IS \$150.00 ### Added to Fees:    Trust Fund Contribution	SIĞNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE	
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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 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE - T.1111 ian Nea1 707–963–5839	or rue cor	poration or the receiver or trustee emp	powered to execute this report	as requi	mption stated in Se ture shall have the red by Chapter 60	7. Florida Statutes;	and that my name	I further certify that bath; that I am an of e appears in Block	the information ficer or director 10 or Block 11 if