## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # F9400004025 04-30-2004 90227 007 \*\*\*150.00 OLD BRIDGE CELLARS INC. Principal Place of Business Mailing Address 703 JEFFERSON STREET 703 JEFFERSON STREET NAPA, CA 94559 NAPA, CA 94559 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 94-3181063 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEBRANK, WILLIAM 7310 N.W. 79TH TER. Street Address (P.O. Box Number is Not Acceptable) MEDLEY, FL 33166 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE ☐ Change **X** Addition ☐ Delete Carlos Alvarez 14800 San Pedro 3rd Floor MCDONALD, ROBERT NAME NAME STREET ADDRESS 1882 SILVERADO TRAIL STREET ADDRESS CITY-ST-7IP NAPA, CA 94558 CITY-ST-7IP San Antonio TX 78232 STD Delete TITLE XI Change ☐ Addition TITLE NAME MCDONALD, KATHLEEN NAME Robert Mc Donald 1882 SLIVERADO TRAIL STREET ADDRESS STREET ADDRESS 1114 Bell Lane CITY-ST-ZIP NAPA, CA 94558 CITY-ST-ZIP 94558 Napa CA X Addition TITLE Delete TITLE SD NAME William A. Levine 14800 San Pedro 3rd Floor NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP San Antonio TX 78232 P TITLE Delete TITLE ☐ Change X Addition James J. BOIZ 14800 San Pedro 3rd Floor NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ban Antonio TX TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Compliance Officer Controller

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-29-06