# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # F94000004025

1. Entity Name
OLD BRIDGE CELLARS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 703 JEFFERSON STREET<br>NAPA, CA 94559 | 703 JEFFERSON STREET<br>NAPA, CA 94559 |

04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
84-3181063

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEBRANK, WILLIAM
7310 N.W. 79TH TER.
MEDLEY, FL 33166

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000556073
05/16/06-80055-023 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | BUENO, ROBERT C |
| STREET ADDRESS | 769 TUNBRIDGE ROAD |
| CITY-ST-ZIP | DANVILLE, CA 94526 |
| TITLE | CD |
| NAME | ALVAREZ, CARLOS |
| STREET ADDRESS | 14800 SAN PEDRO 3RD FLOOR |
| CITY-ST-ZIP | SAN ANTONIO, TX 78232 |
| TITLE | SD |
| NAME | LEVINE, WILLIAM A |
| STREET ADDRESS | 14800 SAN PEDRO 3RD FLOOR |
| CITY-ST-ZIP | AUSTIN, TX 787232 |
| TITLE | TD |
| NAME | BOLZ, JAMES J |
| STREET ADDRESS | 14800 SAN PEDRO 3RD FLOOR |
| CITY-ST-ZIP | SAN ANTONIO, TX 78232 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Dena Johnson 4-27-06 707-258-955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #