2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000004025

1. Entity Name
OLD BRIDGE CELLARS INC.

Principal Place of Business	Mailing Address
703 JEFFERSON STREET NAPA, CA 94559	703 JEFFERSON STREET NAPA, CA 94559

DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
94-3181063

☐ 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

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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, 2007 Fee will be $550.00

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

000000753721
05/22/07-80033-011 150.00

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	

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

SIGNATURE: Dena Schmidle 4-30-07 (707) 258-9552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #