


# 2005. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90063 010 \*\*\*158.75

<b>DOCUMENT # F98000000312</b> 1. Entity Name <b>FINKELSTEIN VINEYARDS, INC.</b>					
Principal Place of Business <b>PO BOX 415 ST. HELENA CA 94574</b>			Mailing Address <b>PO BOX 415 ST. HELENA CA 94574</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>68-0263310</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AUGUSTAN WINE IMPORTS, INC. 3401 NORTH 29TH AVENUE HOLLYWOOD FL 33020</b>			7. Name and Address of New Registered Agent Name <b>Finest Wines International</b> Street Address (P.O. Box Number is Not Acceptable) <b>1212 N. 39th St.</b> <b>Tampa,</b> City <b>FL</b> Zip Code <b>33605</b>		
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 <u><i>Bunnie Finkelstein</i></u> <b>Bunnie Finkelstein</b> <span style="float: right;">7.29.05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>			S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT FINKELSTEIN, BUNNIE 647 GREENFIELD RD. ST. HELENA CA 94574</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS FINEKLSTEIN, ARTHUR 647 GREENFIELD RD. ST. HELENA CA 94574</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> <u><i>Bunnie Finkelstein</i></u> <b>Bunnie Finkelstein</b> <span style="float: right;">7.29.05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <span style="float: right;">(707) 963.9093</span> <small>Daytime Phone #</small>		

