

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90023 020 ***150.00

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1. Entity Name
CODORNIU NAPA, INC.



Principal Place of Business
1345 HENRY ROAD
NAPA, CA 94559

Mailing Address
1345 HENRY ROAD
NAPA, CA 94559

40008231



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3074046

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGHERTY, JOHN
1340 US HWY ONE STE 102
JUPITER, FL 33469

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KENTON, MICHAEL
STREET ADDRESS	19185 SEVENTH ST E
CITY-ST-ZIP	SONOMA, CA 95476
TITLE	V
NAME	PAGES, XAVIER
STREET ADDRESS	PGE. FONTANELLES #9, 08017
CITY-ST-ZIP	BARCELONA, SPAIN,
TITLE	S
NAME	GILBRETH, DAVID
STREET ADDRESS	1022 ROSS CIRCLE
CITY-ST-ZIP	NAPA, CA 94558
TITLE	T
NAME	SAENZ, MAGIN R
STREET ADDRESS	CALATRAVAN #78, 08017
CITY-ST-ZIP	BARCELONA, SPAIN,
TITLE	C
NAME	ARTES, MANUEL R
STREET ADDRESS	JUAN DE URPI #9, 00034
CITY-ST-ZIP	BARCELONA, SPAIN,
TITLE	VC
NAME	ARTES, JORDI R
STREET ADDRESS	ELEONOR DE PINOS #22, 08034
CITY-ST-ZIP	BARCELONA, SPAIN,

**DO NOT WRITE
IN THIS SPACE**

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 prior like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KENTON

PRESIDENT

Date

Daytime Phone #

1/12/05 (77)224-1668