

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 OCT -3 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P17129 1. Entity Name CANNON WINES LIMITED CO.					
Principal Place of Business 350 SANSOME ST. #800 SAN FRANCISCO, CA 94104			Mailing Address 350 SANSOME ST. #800 SAN FRANCISCO, CA 94104		
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 94-2547459	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAPHAM, KEN 2418 MARATHON LANE FT. LAUDERDALE, FL 33312-4610			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMEL, LIONEL		NAME	FORTIN, LAURENT	
STREET ADDRESS	350 SANSOME STREET, #800		STREET ADDRESS	350 SANSOME ST., #800	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104		CITY-ST-ZIP	SAN FRANCISCO, CA 94104	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, AGNES		NAME		
STREET ADDRESS	320 PENINSULA AVE		STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO, CA 94401		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACIA, MARC		NAME		
STREET ADDRESS	350 SANSOME STREET, #800		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94104		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	700080385347 10/03/06--01015--016 **\$61.25	
NAME	HARMEL, LIONEL		NAME		
STREET ADDRESS	350 SANSOME ST #800		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94104		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		
NAME	LECCIA, ANTOINE		NAME		
STREET ADDRESS	350 SANSOME ST. #800		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94104		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		Agnes Wong <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/27/06 (415) 394-6454 x234 <small>Date Daytime Phone #</small>	

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