

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17129

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: CANNON WINES LIMITED CO.

**Current Principal Place of Business:**

350 SANSOME ST. #800  
SAN FRANCISCO, CA 94104

**New Principal Place of Business:**

**Current Mailing Address:**

350 SANSOME ST. #800  
SAN FRANCISCO, CA 94104

**New Mailing Address:**

FEI Number: 94-2547459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAPHAM, KEN  
2418 MARATHON LANE  
FT. LAUDERDALE, FL 333124610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FORTIN, LAURENT  
Address: 350 SANSOME STREET, #800  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: SD ( ) Delete  
Name: WONG, AGNES  
Address: 320 PENINSULA AVE  
City-St-Zip: SAN MATEO, CA 94401

Title: TD ( ) Delete  
Name: MACIA, MARC  
Address: 350 SANSOME STREET, #800  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: D ( ) Delete  
Name: HARMEL, LIONEL  
Address: 350 SANSOME ST #800  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: C ( ) Delete  
Name: LECCIA, ANTOINE  
Address: 350 SANSOME ST. #800  
City-St-Zip: SAN FRANCISCO, CA 94104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW B. WILE, ATTORNEY-IN-FACT

ATTY

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date