

2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-08-2004 90125 008 ***550.00

P27360

DOCUMENT # P27360

1. Entity Name
BARGETTO'S SANTA CRUZ WINERY, INCORPORATED



Principal Place of Business
3535 NORTH MAIN STREET
SOQUEL, CA 95073

Mailing Address
3535 NORTH MAIN STREET
SOQUEL, CA 95073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07202004

Chg-P

CR2E034 (10/03)

4. FEI Number

91-1406021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRANSATLANTIC SUPPLIERS
7310 N.W. 79TH TERRACE
MEDLEY, FL 33166

7. Name and Address of New Registered Agent

Name

~~Ron Sedia~~

Street Address (P.O. Box Number is Not Acceptable)

1600 NW 163 St

City

Miami

FL

Zip Code

33169

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME BARGETTO, MARTIN J
STREET ADDRESS 3569 LEONARD WAY
CITY-ST-ZIP APTOS, CA 95003

TITLE VPD ☐ Delete
NAME BARGETTO, JOHN E
STREET ADDRESS 2938 GRANITE CREEK RD
CITY-ST-ZIP SCOTTS VALLEY, CA 95066

TITLE STD ☐ Delete
NAME MUJAL, LORETTA
STREET ADDRESS 3821 CHERRYVALE
CITY-ST-ZIP SOQUEL, CA 95073

TITLE P ☒ Delete
NAME BARGETTO, BEVERLY
STREET ADDRESS 3535 N. MAIN ST.
CITY-ST-ZIP SOQUEL, CA 95073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME BARGETTO, MARTIN J
STREET ADDRESS 3569 LEONARD WAY
CITY-ST-ZIP APTOS, CA 95003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME MUJAL, LORETTA
STREET ADDRESS 1358 SOUTH STELLING RD
CITY-ST-ZIP CUPERTINO CA 95014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-24-04

(914) 752-258

FILED

04 OCT -5 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TAK4003776



TK

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2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P27360

Entity Name
BARGETTO'S SANTA CRUZ WINERY, INCORPORATEDPrincipal Place of Business
535 NORTH MAIN STREET
SLOQUEL, CA 95073Mailing Address
3535 NORTH MAIN STREET
SLOQUEL, CA 95073

24083776

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202004

Chg-P

CR2E004 (10/03)

City & State

City & State

4. FEI Number

91-1406021

Applied For

Not Applicable

Zip

Country

Zip

Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRANSATLANTIC SUPPLIERS
310 N.W. 79TH TERRACE
ADELPHY, FL 33188

Name

Ron Sedia

Street Address (P.O. Box Number is Not Acceptable)

1600 NW 163 St

City

Miami

FL

Zip Code

33169

I, the above named agent, submit 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 of officer or agent of registered agent and filer is required.

(If filer, registered agent signature required when filing)

DATE

FILE NOW!!! FEE IS \$650.00
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	VPO	☐ Delete
NAME	BARGETTO, MARTIN J	
STREET ADDRESS	3589 LEONARD WAY	
CITY-ST-ZIP	APTOS, CA 95003	
TITLE	VPO	☐ Delete
NAME	BARGETTO, JOHN E	
STREET ADDRESS	2938 GRANITE CREEK RD	
CITY-ST-ZIP	SCOTT'S VALLEY, CA 95066	
TITLE	STD	☐ Delete
NAME	MUJAL, LORETTA	
STREET ADDRESS	3821 CHERRYVALE	
CITY-ST-ZIP	SOQUEL, CA 95073	
TITLE	P	☒ Delete
NAME	BARGETTO, BEVERLY	
STREET ADDRESS	3535 N. MAIN ST.	
CITY-ST-ZIP	SOQUEL, CA 95073	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	BARGETTO, MARTIN J	
STREET ADDRESS	3589 LEONARD WAY	
CITY-ST-ZIP	APTOS, CA 95003	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	☒ Change ☐ Addition
NAME	MUJAL, LORETTA	
STREET ADDRESS	1358 SOUTH STERLING RD	
CITY-ST-ZIP	CUPERTINO CA 95014	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), 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 filers approved.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

Martin J. Bargetto

7-24-04

(916) 752-258