

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90131 024 ***150.00

DOCUMENT # P29678

1. Entity Name
SKALLI CORPORATION



Principal Place of Business
**8440 ST. HELENA HWY.
RUTHERFORD, CA 94573**

Mailing Address
**P. O. BOX 38
RUTHERFORD, CA 94573 US**

50006303



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2830523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 NORTH MAGNOLIA ST.
TALLAHASSEE, FL 32301**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SKALLI, ROBERT 912 RTE DE MONTEPELLIER 34200 SETE, FRANCE,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SKALLI, ALBERT 143 ROUTE DES 3 LUCS 13012 MARSEILLE, FRANCE,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SKALLI, BERNARD 145 AVENUE DE MALAKOFF 75116 PARIS, FRANCE,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP RODENO, MICHAELA 7878 MONEY ROAD NAPA, CA 94558
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS COLLINS, JAMES E 1079 HEDGESIDE AVE NAPA, CA 94558
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____