



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # S64318 1. Entity Name APPETITES, INC.	
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Principal Place of Business 3420 W. HALLENDALE BCH BLVD. HOLLYWOOD, FL 33023-5731	Mailing Address 3420 W. HALLENDALE BCH BLVD. HOLLYWOOD, FL 33023-5731 US
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0273707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSCOVITCH, AARON 3420 W. HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

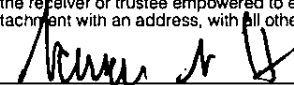
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCOVITCH, STEVE 3420 W. HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSCOVITCH, AARON 3420 W. HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023
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05/25/07-80049-006 150.00

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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 # _____