

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000007201

1. Entity Name  
PROSPERO WINERY, INC.



Principal Place of Business  
134 MARBLE AVE.  
PLEASANTVILLE, NY 10570

Mailing Address  
134 MARBLE AVE.  
PLEASANTVILLE, NY 10570



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4030929	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

AVINYA DISTRIBUTORS, INC.  
7575 KINGSPINTE HWY SUITE 23  
ORLANDO, FL 32819

**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, 2008 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	P PROSPERO, TONY 4 FAIRWAY DRIVE PLEASANTVILLE, NY 10570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROSPERO, PASQUALE 5 MEADOW HILL CT. THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PROSPERO, SILVANA 4 FAIRWAY DR. PLEASANTVILLE, NY 10570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000821215  
02/19/08-80015-004 158.75

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 #