


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F07000001707 1. Entity Name APERITIF PROPERTIES, INC.	
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Principal Place of Business 24 HAMILTON PLACE, APT. D3 GARDEN CITY, NY 11530	Mailing Address 24 HAMILTON PLACE, APT. D3 GARDEN CITY, NY 11530
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DO NOT WRITE IN THIS SPACE



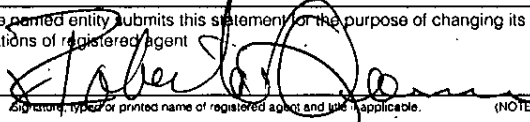
01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1113878	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINN, ROBERTA 772 N.E. 72ND TERRACE MIAMI, FL 33138

**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:  DATE: <u>2-4-08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: registered Agent signature required when reinstating)</small>
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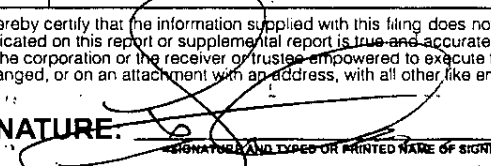
**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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02/19/08-80006-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AMILO, FRANK 24 HAMILTON PLACE, APT. D3 GARDEN CITY, NY 11530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELLOFF, RICHARD T 24 HAMILTON PLACE, APT. D3 GARDEN CITY, NY 11530
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2/4/08</u> Daytime Phone #: <u>51271278</u>