



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000004106 1. Entity Name DA CAPO AL FINE, LTD., CORP.	
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Principal Place of Business 81 STONECROP LANE PO BOX 222 COLD SPRING, NY 10516 US	Mailing Address 81 STONECROP LANE PO BOX 222 COLD SPRING, NY 10516 US
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DO NOT WRITE IN THIS SPACE



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2607017	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEITZ, HOWARD G ESQ.
11392 TURTLE BEACH RD.
LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408

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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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC CABOT, FRANCIS H 81 STONECROP LANE COLD SPRING, NY 10516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, MARGARET 81 STONECROP LANE COLD SPRING, NY 10516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEITZ, HOWARD G 11392 TURTLE BEACH ROAD LOST TREE VILLAGE, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABOT, F C 7097 SANBORN ROAD LOUDON, NH 03301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/24/07-80008-017 158.75

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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: MR Gordon Margaret Gordon 7-19-07 845-265-2011
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #