


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90066 034 \*\*\*150.00

<b>DOCUMENT # F96000004106</b> 1. Entity Name <b>DA CAPO AL FINE, LTD., CORP.</b>					
Principal Place of Business <b>81 STONECROP LANE</b> <b>PO BOX 222</b> <b>COLD SPRING, NY 10516 US</b>			Mailing Address <b>81 STONECROP LANE</b> <b>PO BOX 222</b> <b>COLD SPRING, NY 10516 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SEITZ, HOWARD G ESQ.</b> <b>11392 TURTLE BEACH RD.</b> <b>LOST TREE VILLAGE</b> <b>NORTH PALM BEACH, FL 33408</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u>Howard G Seitz</u> <span style="float: right;">3/31/08</span> <small>Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <b>CABOT, FRANCIS H</b> <b>81 STONECROP LANE</b> <b>COLD SPRING, NY 10516</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GORDON, MARGARET</b> <b>81 STONECROP LANE</b> <b>COLD SPRING, NY 10516</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>SEITZ, HOWARD G</b> <b>11392 TURTLE BEACH ROAD</b> <b>LOST TREE VILLAGE, FL 33408</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CABOT, F C</b> <b>7097 SANBORN ROAD</b> <b>LOUDON, NH 03301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Howard G Seitz</u> <span style="float: right;">3/31/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					