



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT.

05-11-2007 90032030 \*\*\*150.00  
P06000028513

<b>DOCUMENT # P06000028513</b> 1. Entity Name <b>APERITIF, INC.</b>						<b>FILED</b> <b>Jun 18, 2007 8:00 A.M.</b> <b>Secretary of State</b>			
Principal Place of Business <b>5909 FACTORY SHOPS BLVD ELLENTON, FL 34222</b>				Mailing Address <b>5909 FACTORY SHOPS BLVD ELLENTON, FL 34222</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			
4. FEI Number <div style="font-size: 1.5em; font-family: cursive;">20-4486149</div>				Applied For <input type="checkbox"/> Not Applicable				03242007    Chg-P    CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>WALLACK, MICHAEL M ESQ 1819 MAIN ST STE 1100 SARASOTA, FL 34236</b>									
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ABADJIAN, PIERRE <input type="checkbox"/> Delete 705 HUBBREL RD BRANDON, FL 34208					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD WALLACE, GINA <input type="checkbox"/> Delete 1834 S VALRICO RD VALRICO, FL 33594					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.									
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<div style="font-size: 1.2em; font-family: cursive;">4-24-07</div> 941-722-0009 <small>Date    Daytime Phone #</small>			

As per telephone conversation with  
Lynne Britt on 6/20

jc 6/20