# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2004 8:00 am**
**Secretary of State**
04-08-2004 90026 010 ***150.00

DOCUMENT # P01000024772

1. Entity Name
KAPEC GROUP INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 201 ALHAMBRA CIRCLE<br>SUITE 711<br>CORAL GABLES, FL 33134 | 201 ALHAMBRA CIRCLE<br>SUITE 711<br>CORAL GABLES, FL 33134 |

02122004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 780 NW 42nd Ave. | 780 NW 42nd Ave. |
| Suite, Apt. #, etc.: Ste. 523 | Suite, Apt. #, etc.: Ste. 523 |
| City & State: Miami, Florida | City & State: Miami Florida |
| Zip: 33126 Country: USA | Zip: 33126 Country: USA |

4. FEI Number: 65-1091939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RAPPORT, STEPHEN R<br>201 ALHAMBRA CIRCLE<br>SUITE 711<br>CORAL GABLES, FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 _____
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, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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 | PD<br>KASABDJI, JORGE<br>201 ALHAMBRA CIRCLE SUITE 711<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Kasabdji, Jorge<br>780 NW 42nd Ave Ste 523<br>Miami, Fl 33126 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KASABDJI, FERNANDO<br>201 ALHAMBRA CIRCLE STE 711<br>CORAL GABLES, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Kasabdji Fernando<br>780 NW 42nd Ave Ste523<br>Miami Fl 33126 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ 3/31/04 7865527858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #