


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State


02-09-2007 90027 023 ***150.00

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| DOCUMENT # 854231 |  |
| 1. Entity Name CAPE VERDE N.V. | |

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| Principal Place of Business % IGNACIO HERRERA 420 SOUTHWEST 19TH RD., MIAMI, FL 33129 | Mailing Address % IGNACIO HERRERA 420 SOUTHWEST 19TH RD., MIAMI, FL 33129 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

40012854



01122007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 98-0055229 | Applied For Not Applicable |
| 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 HERRERA, IGNACIO 420 SOUTHWEST 19TH RD., MIAMI, FL 33129 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FRADE, ANTONIO GONCALVES AVE. PRINCIPAL LA CASTELL CARACAS, VENEZUELA. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President & Secretary Antonio Goncalves Frade <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5825 Collins Avenue, Unit 5F Miami Beach, FL 33140 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FRADE, JOSE GONCALVES AVE. PRINCIPAL LA CASTELL CARACAS, VENEZUELA. <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Celia Maria Da Silva De Goncalves 5825 Collins Avenue, Unit 5F Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FRADE, MANUEL DASILVA AVE. PRINCIPAL LA CASTELL CARACAS, VENEZUELA. <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Ana Cristina Goncalves 5825 Collins Avenue, Unit 5F Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Miguel Goncalves 5825 Collins Avenue, Unit 5F Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: Antonio Goncalves Frade **Antonio Goncalves Frade, Pres. & Sec.** Date 1-12-2007 Daytime Phone # 305 858 6091