


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR -9 PM 2:55

DOCUMENT # <b>F02000000152</b>	
1. Entity Name <b>Capital Finance Corp</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>116 Cochituate Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>116 Cochituate Road</b> Suite, Apt. #, etc.	
City & State <b>Framingham, MA</b>		City & State <b>Framingham, MA</b>	
Zip <b>01702</b>	Country <b>USA</b>	Zip <b>01702</b>	Country <b>USA</b>

**400030130064**  
**STATE RECEIPT**  
DO NOT WRITE IN THIS SPACE **03-04**

4. FEI Number <b>04-3574555</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XXXX		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Corporation Service Company</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>	
	City <b>Tallahassee</b>	FL Zip Code <b>32301</b>

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 *Deborah D. Skipper* **Deborah D. Skipper** 3/9/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent must sign when re-registering) DATE

<b>January 1 - May 1: Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, S, D Stephanie Perata 1400 Worcester Road #7109 Framingham, MA 01702</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, D Jason Bonica 217 School Street Acton, MA 01720</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Vicente J Luz 540 NW 109 Avenue #3 Miami, Florida 33172</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Donat* **Donat** 3/4/04 **508-370-3838**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)