2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002715

Entity Name: CAPE CLASSICS INC.

FILED Apr 01, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15 WEST 26TH ST, 7TH FL. NEW YORK, NY 10001

Current Mailing Address: New Mailing Address:

15 WEST 26TH ST, 7TH FL. NEW YORK, NY 10001

FEI Number: 13-3359111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

INCORP SERVICES, INC. 1788 67TH COURT NORTH LOXAHATCHEE, FL 33470 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OD

Name: SHEARER, ANDRE G

Address: 15 WEST 26TH ST - 7TH FLOOR City-St-Zip: NEW YORK, NY 100101033 US

Title: MR

Name: SHEARER, ANDRE G

Address: 15 WEST 26TH ST - 7TH FLOOR City-St-Zip: NEW YORK, NY 100101033

Title:

Name: SCHWARTZ, MARK

Address: 15 WEST 26TH ST - 7TH FLOOR City-St-Zip: NEW YORK, NY 100101033

Title: [

Name: ACKERT, DAVID A

Address: 15 WEST 26TH ST - 7TH FLOOR City-St-Zip: NEW YORK, NY 100101033

Title: VPS

Name: CHOI, MOLLY

Address: 15 WEST 26TH ST - 7TH FLOOR City-St-Zip: NEW YORK, NY 100014509

Title: ASAT

Name: MIJARES, PERCIVAL

Address: 15 WEST 26TH ST - 7TH FLOOR City-St-Zip: NEW YORK, NY 100014509

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PERCIVAL S. MIJARES MR 04/01/2010