2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

STREET ADORESS

CITY-ST-7IP

TITLE

NAME

Jan 21, 2005 8:00 am **Secretary of State ANNUAL REPORT** 01-21-2005 90087 044 ***150.00 **DOCUMENT # F48049** CAPÉ INVESTMENTS OVERSEAS CORPORATION, INC. Principal Place of Business Mailing Address 3536 SE 18TH AVE 50005357 3536 SE 18TH AVE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 59-2785478 Not Applicable - Country----Zip -- -- --_Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROOSA, RICHARD V S Street Address (P.O. Box Number is Not Acceptable) 1714 CAPE CORAL PKWY CAPE CORAL, FL 33904 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BAUMANN, DIETHELM NAME NAME STREET ADDRESS **BOXO 220 N/A** STREET ADDRESS CITY-ST-ZIP 8002 ZURICH, SWIZERL, CITY-ST-7IP VTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition AYERS, ROBERT J. NAME NAME STREET ADDRESS 3536 S.E. 18TH AVENUE STREET ADDRESS CAPE CORAL, FL CITY-ST-ZIP CITY-ST-ZIP s TITLE ☐ Delete TITLE ☐ Change ☐ Addition AYERS, ROBERT J NAME MAME STREET ADDRESS 3536 SE 18TH AVE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ Addition

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 attactment with an address, with all other like empowered.

CITY-ST-ZIP

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☐ Delete