## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F65502

1. Entity Name

CAPISLE INVESTMENTS INC.



**FILED** Mar 06, 2007 08:00 AM Secretary of State

Principal Place of Business

% C T CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION, FL 33324

Mailing Address

% TANNENBAUM DUBIN & ROBINSON 1140 AVENUE OF AMERICAS NEW YORK, NY 10036 US



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01292007 No Chg-P 4. FEI Number Applied For 13-3152435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

CR2E034 (11/05)

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|   |   |      | ļ   |                                |   |
|---|---|------|-----|--------------------------------|---|
| 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE   |   |      |     |                                |   |
| Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |   |      |     |                                |   |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finance After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.  |   |      | ~ — | \$5.00 May Be<br>Added to Fees |   |
| 10.   | OFFICERS AND DIRECT   | TORS |     |                                | 1   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>ROBINSON, MARVIN S.<br>1140 AVE OF AMERICAS<br>NEW YORK, NY |      |     |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |      |     |                                | U00000657257<br>03/14/07-00060-008 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |      | :   | DO                             | NOT WRITE                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |      |     | IN <sup>-</sup>                | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP   |   |      |     |                                |   |
| NAME<br>STREET ADDRESS  | _   |      |     |                                |   |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental leport 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. |   |      |     |                                |   |