


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K03094 1. Entity Name CAPRICE PROPERTIES, INC.	
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Principal Place of Business C/O CORP TAX DEPT. 15-586 850 MAIN STREET BRIDGEPORT, CT 06604-4913	Mailing Address C/O CORP TAX DEPT. 15-586 850 MAIN STREET BRIDGEPORT, CT 06604-4913
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01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1224936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MACFARLAND, RICHARD B. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

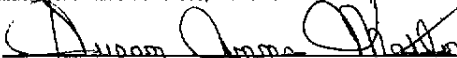
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRESTOVAN, PETER M. 850 MAIN ST. BRIDGEPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATLOS, SUSAN 850 MAIN STREET BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BODOR, DAVID 850 MAIN STREET BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, LINDA 850 MAIN STREET BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000006805 01/16/04-80050-021 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 attachment with an address, with all other like empowered.

SIGNATURE:  1/12/04 203-338-4069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #