

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90095 014 ***150.00

DOCUMENT # K54580

1. Entity Name
CAPE VENTURES, INC.



Principal Place of Business

**9777 NW 41ST STREET
MIAMI, FL 33178**

Mailing Address

**9777 NW 41ST STREET
MIAMI, FL 33178**

2. Principal Place of Business

11951 SW 49th Court

Suite, Apt. #, etc.

3. Mailing Address

11951 SW 49th Court

Suite, Apt. #, etc.

City & State

Cooper City, Florida

Zip

33330

Country

USA

City & State

Cooper City, Florida

Zip

33330

Country

USA

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0105032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, GISELA
9777 NW 41 ST.
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name

GISELA PEREZ

Street Address (P.O. Box Number is Not Acceptable)

11951 SW 49th COURT

City

COOPER CITY

FL

Zip Code

33330

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Gisel Perez
4/19/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PEREZ, GISELA**
STREET ADDRESS **11951 S.W. 49TH CT.**
CITY-ST-ZIP **COOPER CITY, FL**

TITLE **D** ☐ Delete
NAME **PEREZ, RAUL**
STREET ADDRESS **11951 S.W. 49TH CT.**
CITY-ST-ZIP **COOPER CITY, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gisel Perez

4/18/04