DOCUMENT # L 990000 8357 1. Entity Name CAPITAL INVEST LLC				FILED 00 844 -2 AMII: 49		
Principal Place of Business Mailing Address				TALLAHA	TALLAHASSEE, FLORIDA	
1500 N	. FEDERAL HIGH	WAY 1500 N. FEE	DERAL HIGHWAY	,		
FORT LA	AUDERDALE, FL, 3330	04 FORTLAUDERD	ALE, FL, 33304	+		
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS SPACE	
City & State C		City & State		4. FEI Number 65-964675	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New	_ '	
COLPORA	TE CREATIONS EN	ITERPRISES INC.	Name .		1	
941 FO	OURTH STREET #2	00	Street Addres	ss (P.O. Box Number is Not Acceptab	le)	
MIAMI B	EACH FL , 33130	1 ,			1	
		. Marrie	City		FL Zip Code	
8. The above n	amed entity submits this stateme	nt for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of F	lorida.	
SIGNATURE	gnature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating)	DATE	
· · · · · · · · · · · · · · · · · · ·		FILE	IOWIII FEE IS \$50.0	10		
		· 经有效产品的基础的 (1990年)	ayable to Departmen			
9.	MANAGING ME	MBERS/MEMBERS	I 10.	ADDITIONS	! S/CHANGES	
	1ANAGER	☐ Delete	TITLE			
STREET ADDRESS	MASTRIANA, F. RO 1500 N. FEDERAL	NALD	NAME STREET ADDRESS		3(11)	
	FORT LAUDERDALE,		CITY-ST-ZIP		Change Addition 66/17 Change Addition 66/17 Change Addition 66/17 Change Addition 66/17 Change Chang	
TITLE NAME		☐ Delete	TITLE NAME		32599₹2+**© } 19/0001106014	
STREET ADDRESS			STREET ADDRESS	***	**50.00 *****50.00	
TITY-ST-ZIP		☐ Delete	TITLE		Change Addition	
IAME		□ Delete	NAME		Change Modition	
TREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
ITLE		☐ Delete	TITLE		Change Addition	
TREET ADDRESS			NAME STREET ADDRESS			
ITY-ST-ZIP			CITY-ST-ZIP			
ITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
IAME Treet address	÷		NAME STREET ADDRESS			
ITY-ST-ZIP			CITY-ST-ZIP			
ITLE AME		☐ Delete	TITLE NAME		Change Addition	
TREET ADDRESS			STREET ADDRESS			
ITY-ST-ZIP	tify that the information supplied	with this filing does not qualify to	CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes.	1 further costify that the information	
indicated or	n this report is true and accurate ity company or the receiver or tru	and that my signature shall have	the same legal effect as i	if made under oath; that I am a mana	ging member or manager of the	
			, , ,	, , , , , , , , , , , , , , , , , , , ,		
SIGNATU		MASTRIANA	F. RONALE	04-28-00	(954)566-1234	
	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING MANAGING	MEMBER OR MANAGER	Date	Daytime Phone #	
TITLE " -		Defete	THILE	APPER DE LE LES	<u>।</u> । । । । । । । । । । । । । । । । । । ।	
NAME STORES ADDRESS			NAME STREET ADDRESS	•		
STOPET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
115 hereby ce	ertify that the information supplied	with this filing does not qualify f	for the exemption stated in e the same legal effect as	n Section 119.07(3)(i), Florida Statutes if made under oath; that I am a man	i. I further certify that the information aging member or manager of the	
limited liab	ility company or the receiver or	ustee empowered to execute thi	s report as required by Ch	hapter 608, Florida Statutes		
010111-		/ 14 %	ARK JOM	ex 4/28/00	732-	
SIGNAT	JKE:				312 00 12	