

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M39444

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: CAPLAN AND CAPLAN, INC.

**Current Principal Place of Business:**

172 E FLAGLER STREET STE 320  
MIAMI, FL 33130 US

**New Principal Place of Business:**

172 WEST FLAGLER STREET  
SUITE 320  
MIAMI, FL 33130 US

**Current Mailing Address:**

172 E FLAGLER STREET STE 320  
MIAMI, FL 33130 US

**New Mailing Address:**

172 WEST FLAGLER STREET  
SUITE 320  
MIAMI, FL 33130 US

FEI Number: 59-2724673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPLAN, S.L.  
172 WEST FLAGLER STREET  
SUITE 320  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: CAPLAN, DOROTHY  
Address: 172 WEST FLAGLER STREET, SUITE 320  
City-St-Zip: MIAMI, FL 33130

Title: PD ( ) Delete  
Name: CAPLAN, S.L.  
Address: 172 WEST FLAGLER STREET, SUITE 320  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: CAPLAN, DOROTHY  
Address: 172 WEST FLAGLER STREET, SUITE 320  
City-St-Zip: MIAMI, FL 33130

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY CAPLAN

VP

01/13/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date