2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90489 029 ***150.00

DOCUMENT # M61359

1. Entity Name
CAPS TYPESETTING INC.

94063322

Principal Place of Business	Mailing Address
16190 SW 84 PL MIAMI, FL 33157 US	16190 SW 84 PLACE MIAMI, FL 33157 US

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9325 SW 83 Street	9325 SW 83 Street
Suite, Apt. #, etc.: Miami Florida	Suite, Apt. #, etc.: Miami Florida
City & State:	City & State:
Zip: 33173 Country: USA	Zip: 33173 Country: USA

4. FEI Number: 65-0009691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DORI J KAPLAN
16190 SW 84 PL
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name: Dori J. Kaplan
Street Address (P.O. Box Number is Not Acceptable): 9325 SW 83 Street
City: Miami FL Zip Code: 33173

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KAPLAN, DORI J. 16190 SW 84 PL MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9325 SW 83 Street Miami Florida 33173	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KAPLAN, MARTIN S. 16190 SW 84 PL MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9325 S.W. 83 Street Miami Florida 33173	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Dori J Kaplan Dori J. Kaplan 4/19/04 305 279 1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #