

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004476

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: GRUPO DE TEATRO CAPRICORNIO, INC.

## Current Principal Place of Business:

7891 SUNRISE LAKES DR. N  
APT. 104, BUILDING #34  
SUNRISE, FL 33322

## New Principal Place of Business:

## Current Mailing Address:

16220 NW 2 AVE.  
APT. 413  
MIAMI, FL 33169

## New Mailing Address:

FEI Number: 20-1269255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORALES, VIVIAN  
16220 NW 2 AVE.  
APT. 413  
MIAMI, FL 33169 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUDICH, BERNARDO  
Address: 7891 SUNRISE LAKES DR. N APT.104, BLDG. 34  
City-St-Zip: SUNRISE, FL 33322

Title: P ( ) Delete  
Name: MORALES, VIVIAN  
Address: 16220 NW 2 AVE. APT. 413  
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete  
Name: RUDICH, MARIA  
Address: 7891 SUNRISE LAKES DR. N APT.104, BLDG. 34  
City-St-Zip: SUNRISE, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN MORALES

P

03/22/2005

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

\_\_\_\_\_  
Date