2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004476

FILED Feb 04, 2008 Secretary of State

Entity Name: GRUPO DE TEATRO CAPRICORNIO, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

16220 NW 2 AVE. 115 SE 2 AVE

APT. 413 HALLANDALE BEACH, FL 33009 MIAMI, FL 33169

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

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

MORALES, VIVIAN
16220 NW 2 AVE.

MORALES, VIVIAN
115 SE 2 AVE

APT. 413 HALLANDALE BEACH, FL 33009 US MIAMI, FL 33169 US

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: VIVIAN MORALES 02/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

Name: RUDICH, BERNARDO Name:

 Address:
 7891 SUNRISE LAKES DR. N APT.104, BLDG. 34
 Address:

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MORALES, VIVIAN
 Name:
 MORALES, VIVIAN

 Address:
 16220 NW 2 AVE. APT. 413
 Address:
 115 SE 2 AVE

City-St-Zip: MIAMI, FL 33169 City-St-Zip: HALLANDLE BEACH, FL 33009

Title: S () Delete Title: () Change () Addition

Name: RUDICH, MARIA Name:

Address: 7891 SUNRISE LAKES DR. N APT.104, BLDG. 34 Address: City-St-Zip: SUNRISE, FL 33169 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 02/04/2008