

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90026 010 ***150.00

DOCUMENT # P01000024772 1. Entity Name KAPEC GROUP INTERNATIONAL, INC.			
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134	
2. Principal Place of Business 780 NW 42nd Ave. Suite, Apt. #, etc. Ste. 523 City & State Miami, Florida Zip 33126 Country USA		3. Mailing Address 780 NW 42nd Ave. Suite, Apt. #, etc. Ste. 523 City & State Miami, Florida Zip 33126 Country USA	
4. FEI Number 65-1091939		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD KASABDJI, JORGE 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kasabdj, Jorge 780 NW 42nd Ave Ste 523 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KASABDJI, FERNANDO 201 ALHAMBRA CIRCLE STE 711 CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kasabdj, Fernando 780 NW 42nd Ave Ste 523 Miami FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/31/04 Daytime Phone # 7865527858	