

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050231

FILED
Apr 18, 2004
Secretary of State

Entity Name: CAPRILEO CRUISES & TRAVEL, INC.

Current Principal Place of Business:

6187 NW 167TH ST. H 24
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6187 NW 167TH ST. H 24
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-1100807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUZ, HOMERO E
3187 NW 167 ST
#H-24
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

CRUZ, HOMERO
8515 NW 169TH TERRACE
MIAMI LAKES, FL 33016 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: HOMERO CRUZ

04/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUZ, HOMERO E
Address: 8515 NW 169 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VPS () Delete
Name: RUBIO, AMARILYS
Address: 3521 WEST 1ST AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: VPT (X) Delete
Name: ECHEVERRIA, RICARDO
Address: 7102 NW 112TH COURT
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: CRUZ, HOMERO
Address: 8515 NW 169 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP/T (X) Change () Addition
Name: CRUZ, AMARILYS
Address: 3521 WEST 1ST AVENUE
City-St-Zip: HIALEAH, FL 33012

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: HOMERO CRUZ

P

04/18/2004

Electronic Signature of Signing Officer or Director

Date