


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90242 048 ***150.00

| | | |
|--|---------|---|
| DOCUMENT # P0100079555 | |  |
| 1. Entity Name CAPRICCI, INC. | | |
| Principal Place of Business 160 PALM CIR ATLANTIS FL 33462 | | Mailing Address 160 PALM CIR ATLANTIS FL 33462 |
| 2. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc. | | 3. Mailing Address 160 palm circle Suite, Apt. #, etc. |
| City & State | | City & State ATLANTIS, FL |
| Zip | Country | Zip 33462 Country USA |



MOORE CR2E034 (11/03)

| | | |
|--|--|--|
| 4. FEI Number 52-2336220 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent SAWICZ, TAMARA 160 PALM CIR ATLANTIS FL 33462 | | 7. Name and Address of New Registered Agent Name: Tamara Sawicz Street Address (P.O. Box Number is Not Acceptable): 160 palm circle City: ATLANTIS FL Zip: 33462 | |
|--|--|---|--|

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: *Tamara Sawicz* (NOTE: Registered Agent signature required when reinstating) DATE: 4-26-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 | P SAWICZ, TAMARA 160 PALM CIR ATLANTIS FL 33462 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 an address, with all other like empowered.

SIGNATURE: *Tamara Sawicz* DATE: 4-26-04 (561) 649-1232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #