2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0200003003 1. Entity Name THE TWO CAPRICORNS, INC.					03-29-2004 90070 045 **	*150.00	
Principal Place of Business Mailing Address SOUTHTRUST TOWER SOUTHTRUST TOWER 1 E. BROWARD BLVD., SUITE 1111 1 E. BROWARD BLVD., SUITE FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33					- 120/20/4/		
2. Principal Place of Business Fast Ryound Blvd East Byou Suite, Apt. #, etc. # 444			oxrd F	31vd	03152004 Chg-P CR2E034 (10/0	3)	
City & State	iderdale, FL	City & State Ft Lauderdo Zip	Le FL	_	4. FEI Number 03-0385127 \$8.75 /	Applied For Not Applicable	
3330	6. Name and Address of Current F	3330/	<u> 45</u>		5. Certificate of Status Desired Fee Requ 7. Name and Address of New Registered Agent		
RAKUSIN, STEPHEN SOUTHTRUST TOWER 1 E. BROWARD BLVD., SUITE 1111 FORT LAUDERDALE, FL 33301				Name Stoken Rakusin Street Address (P.O. Box Number is Not Acceptable) East Broward Blvd # 4444			
8. The above named entity submitty 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 Signature, typed of place registered agent and title if applicable (NOTE Registered Agent dignature required when reinstating) DATE							
FILE NOWI!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND I	DIRECTORS Delete	§1. TITLE	I	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
NAME STREET ADDRESS	CETINA, DAN 2325 FAIRCREST DRIVE	Delete	NAME STREET ADDRESS		_ one-s	- Indomon	
CITY-ST-ZIP	SAN JOSE, CA 95124		CITY-ST-ZIP	V57		F-3 4 4 4 1 1 1 1	
TITLE NAME	VSTD RAKUSIN, STEPHEN	☐ Delete	TITLE NAME	Ste	Lphen Rakusin	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	SOUTHTRUST TOWER, 1 E. BRI FORT LAUDERDALE, FL 33301	STREET ADDRESS CITY-ST-ZIP		154 Broward Blvd, #444 -auderdau, FL 33301			
TITLE		☐ Delate	TITLE		Chang	e 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip		•		
TITLE		☐ Delete	TITLE NAME		☐ Chang	e 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME		Chang	e 🔲 Addition	
NAME STREET AODRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delate	TITLE		☐ Chang	e 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP			HAME STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied with	this fling does not qualify for the	1	ted in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the	e information	
12. I hereby certify that the information supplied with this fling 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 trusted eropowered 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: 1 1 1 3 26/04 1954 356-0496							