2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101360

Entity Name: CAPITAL TRUST HOLDINGS INC

FILED Mar 05, 2004 Secretary of State

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

157 E NEW ENGLAND AVE 1600 E ROBINSON ST

SUITE 402 SUITE 400

WINTER PARK, FL 32789 US ORLANDO, FL 32803 US

Current Mailing Address: New Mailing Address:

157 E NEW ENGLAND AVE 1600 E ROBINSON ST

SUITE 402 SUITE 400

WINTER PARK, FL 32789 US ORLANDO, FL 32803 US

FEI Number: 02-0696920 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:

RODRIGUEZ, GABRIELA MARIO GARCIA PA
157 E NEW ENGLAND AVE ONE SOUTH ORANGE AVE
SUITE 402 SUITE 401

SUITE 402 SUITE 401 WINTER PARK, FL 32789 US ORLANDO, FL 32801 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: MARIO GARCIA 03/05/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:RODRIGUEZ, GABRIELAName:CAMACHO, JOSE C/SAddress:157 E NEW ENGLAND AVE SUITE 455Address:1600 E ROBINSON ST SUITE 400

Address: 157 E NEW ENGLAND AVE SUITE 455 Address: 1500 E ROBINSON ST SUITE 40 City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip: ORLANDO, FL 32803 US

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

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

 Name:
 Name:
 CLARETTI, CLAUDIO V/D

 Address:
 Address:
 1600 E ROBINSON ST

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32803 US

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

 Name:
 Name:
 MOGNO, AURELIO V/D

 Address:
 Address:
 1600 E ROBINSON ST

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32803 US

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: JOSE CAMACHO C/S 03/05/2004