


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90514 026 \*\*\*150.00

<b>DOCUMENT # P02000117331</b>	
1. Entity Name <b>SOUTHERN CAPE CORP.</b>	

Principal Place of Business <b>3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021</b>	Mailing Address <b>3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business <b>18851 NE 29th Ave</b>	3. Mailing Address <b>18851 NE 29th Ave</b>
Suite, Apt. #, etc. <b>900</b>	Suite, Apt. #, etc. <b>900</b>
City & State <b>Aventura FL</b>	City & State <b>Aventura</b>
Zip <b>33180</b>	Country <b>USA</b>
Zip <b>33180</b>	Country <b>FL</b>



01272004 Chg-P CR2E034 (10/03)

4. FEI Number <b>71-0912380</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROUSSO, MARK E 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021</b>	7. Name and Address of New Registered Agent Name <b>ROUSSO, MARK E. ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>18851 NE 29th AVE #900</b> City <b>AVENTURA</b> FL Zip Code <b>33180</b>
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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 Frank Roussio DATE 04/21/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	DP GUILLERMO, ROBERT 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 NE 29th AVE #900 AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARBONE, STANLEY 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 NE, 29th AVE #900 AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CALVO, ROBERTO S 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 NE, 29th AVE #900 AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, LEONOR C 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 NE, 29th AVE #900 AVENTURA, FL 33180</b>
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
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

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: Stanley Carbone DATE 04/21/04 786 279 0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #