
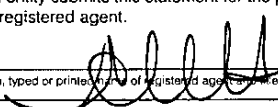
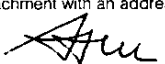


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90053 033 \*\*\*150.00

<b>DOCUMENT # P02000131638</b> 1. Entity Name <b>DECAP GROUP, INC</b>					
Principal Place of Business <b>3896 SW 107 AVE MIAMI, FL 33165</b>			Mailing Address <b>3896 SW 107 AVE MIAMI, FL 33165</b>		
2. Principal Place of Business <b>11977 SW 38 TER</b> Suite, Apt. #, etc.		3. Mailing Address <b>11977 SW 38 TER</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>55-0863699</b>	
Zip <b>33175</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALICIA BENITEZ CPA, PA 3896 SW 107 AVE MIAMI, FL 33165</b>			7. Name and Address of New Registered Agent Name <b>ALICIA BENITEZ CPA, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>11977 SW 38 TER</b>  City <b>MIAMI</b>		
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:  (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE: <b>2/28/05</b></span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAPIRONE, JORGE E</b> <b>3896 SW 107 AVE</b> <b>MIAMI, FL 33165</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11977 SW 38 TER</b> <b>MIAMI, FL 33175</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DE MARE, JOSE</b> <b>3896 SW 107 AVE</b> <b>MIAMI, FL 33165</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11977 SW 38 TER</b> <b>MIAMI, FL 33175</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	
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.					
<b>SIGNATURE:</b>  <b>JORGE CAPIRONE - OFFICER</b> <span style="float: right;">Date: <b>3/28/05</b> Daytime Phone #: <b>(305) 798-2694</b></span>					

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02282005 Chg-P CR2E034 (10/03)