2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P02000135526

Entity Name: CAPE TRUST INVESTMENTS, INC.

Current Principal Place of Business:

7231 SW 63 AVE STE 200
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7231 SW 63 AVE STE 200
MIAMI, FL 33143

New Mailing Address:

FEI Number: 54-2092504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, SILVIA
6315 SW 90 COURT
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOREIRA, DOMINGO R
Address: 4153 PINTA CT
City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete
Name: BRU, RAFAEL I
Address: 4680 SW 74 ST
City-St-Zip: CORAL GABLES, FL 33143

Title: STD ( ) Delete
Name: MOREIRA, DOMINGO A
Address: 5845 SW 100 ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOREIRA, DOMINGO R
Address: 7231 SW 63 AVE STE 200
City-St-Zip: MIAMI, FL 33143

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: MOREIRA, DOMINGO A
Address: 7231 SW 63 AVE STE 200
City-St-Zip: MIAMI, FL 33143

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: DOMINGO R MOREIRA PD 04/27/2004

Electronic Signature of Signing Officer or Director Date