## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000135526

Entity Name: CAPE TRUST INVESTMENTS, INC.

FILED Apr 27, 2005 Secretary of State

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Current Principal Place of Business:			New Principal	New Principal Place of Business:		
7231 SW 63 AVE STE 200 MIAMI, FL 33143			SUITE 200	7231 SW 63 AVE SUITE 200 MIAMI, FL 33143		
Current Mailing Address:			New Mailing A	New Mailing Address:		
7231 SW ( MIAMI, FL	63 AVE STE 20 33143	00	7231 SW 63 AV SUITE 200 MIAMI, FL 3314			
FEI Number	: 54-2092504	FEI Number Applied For ( )	FEI Number Not Applicable	e() Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:		
6315 SW 9	EZ, SILVIA 90 COURT . 33173 US					
	e named entity e of Florida.	submits this statement for the	purpose of changing its req	gistered office or registered agent, or both,		
SIGNATU	RE:					
	Electron	nic Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( MOREIRA, DO 7231 SW 63 A' MIAMI, FL 331	/E STE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD ( BRU, RAFAEL 4680 SW 74 S' CORAL GABLE	Г	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	STD ( MOREIRA, DO 7231 SW 63 A' MIAMI, FL 331	/E STE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

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	04/27/2005