

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90015 041 ***150.00

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1. Entity Name
CAPE TRUST INVESTMENTS, INC.



Principal Place of Business

**7231 SW 63 AVE
SUITE 200
MIAMI, FL 33143**

Mailing Address

**7231 SW 63 AVE
SUITE 200
MIAMI, FL 33143**

2. Principal Place of Business - No P.O. Box #

7178-ASW 47 ST

Suite, Apt. #, etc.

3. Mailing Address

7178-ASW 47 ST

Suite, Apt. #, etc.

400000



03172008

Chg-P

CR2E034 (12/06)

4. FEI Number

54-2092504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MOREIRA, DOMINGO R
STREET ADDRESS 8600 SCHOOLHOUSE ROAD
CITY-ST-ZIP MIAMI, FL 33143

TITLE VD ☐ Delete
NAME BRU, RAFAEL I
STREET ADDRESS 4680 SW 74 ST
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE STD ☐ Delete
NAME GONZALEZ, SILVIA
STREET ADDRESS 6315 SW 90 COURT
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #