2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# P03000025691

Entity Name: CAPIBROS, INC.

Current Principal Place of Business:

999 PONCE DE LEON BLVD
1045
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD
1045
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0234958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCARIZ, HIRAM CPA
C/O 999 PONCE DE LEON BLVD.
1045
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP
Name: CASTILLO, EDUARDO H
Address: 999 PONCE DE LEON BLVD, #1045
City-St-Zip: CORAL GABLES, FL 33134

Title: DV
Name: CASTILLO, FANNY P
Address: 999 PONCE DE LEON BLVD, #1045
City-St-Zip: CORAL GABLES, FL 33134

Title: DS
Name: PIANA, ROXANA C
Address: 999 PONCE DE LEON BLVD, #1045
City-St-Zip: CORAL GABLES, FL 33134

Title: DS
Name: CASTILLO, JUAN P
Address: 999 PONCE DE LEON BLVD, #1045
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: EDUARDO CASTILLO DP 05/04/2010

Electronic Signature of Signing Officer or Director Date