2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 01, 2004 8:00 am
Secretary of State
04-30-2004 90229 024 ***150.00

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1. Entity Name
KAPELFORD, CORPORATION

Principal Place of Business	Mailing Address
C/O 407 LINCOLN ROAD STE 11-L MIAMI BEACH, FL 33139	C/O 407 LINCOLN ROAD STE 11-L MIAMI BEACH, FL 33139

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ODELLA, NELSON C/O 407 LINCOLN ROAD STE 11-L MIAMI BEACH, FL 33139	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, IVONNE C/O 407 LINCOLN ROAD STE 11-L MIAMI BEACH, FL 33139	☑ Delete	PRESIDENT - TREASURER - SECRETARY MARIA ANDREA LARRABURU 407 Lincoln Rd. SE 11-L, Miami Beach, FL 33139	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBREDO, GRACIELA C/O 407 LINCOLN ROAD STE 11-L MIAMI BEACH, FL 33139	☑ Delete	FINANCE DIRECTOR JORGE DOMINGO 407 Lincoln Rd. SE 11-L, Miami Beach, FL 33139	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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.

SIGNATURE: Jorge Domingo JORGE DOMINGO 4/24/04 (305) 531-0909
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #