

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000083680

Entity Name: CAPRICHIO, INC.

FILED  
Oct 03, 2005  
Secretary of State

## Current Principal Place of Business:

269 MIRACLE MILE  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

269 MIRACLE MILE  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 33-1068606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LISMAN, RUBEN  
1488 MARINER WAY  
HOLLYWOOD, FL 33019 US

## Name and Address of New Registered Agent:

LISMAN, RUBEN  
2270 QUAIL ROOST DRIVE  
WESTON, FL 33327 US

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: RUBEN LISMAN

10/03/2005

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: SD ( ) Delete  
Name: LISMAN, RUBEN  
Address: 1488 MARINER WAY  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: PD ( ) Delete  
Name: LISMAN, MADGA  
Address: 1488 MARINER WAY  
City-St-Zip: HOLLYWOOD, FL 33019 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: LISMAN, RUBEN  
Address: 2270 QUAIL ROOST DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: PD (X) Change ( ) Addition  
Name: LISMAN, MADGA  
Address: 2270 QUAIL ROOST DRIVE  
City-St-Zip: WESTON, FL 33327 US

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: RUBEN LISMAN

S

10/03/2005

Electronic Signature of Signing Officer or Director

Date