2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/4/2004-90017-021-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 26 PM 2:36

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DOCUMENT # P03000094321

1. Entity Name
CAPRON MOVERS, INC.

Principal Place of Business	Mailing Address
~~1185 NW 51 STREET~~ ~~MIAMI, FL 33127~~ 960 NE 157 Terr. N. Miami Beach, Fl 33162	~~1185 NW 51 STREET~~ ~~MIAMI, FL 33127~~ 960 NE 157 Terr N. Miami, Beach FL 33162

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

03302004 Chg-P CR2E034 (10/03)

4. FEI Number 900109949 ☐ 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
~~CAPRON, JOHN L~~ ~~1185 NW 51 STREET~~ ~~MIAMI, FL 33127~~	Name: Street Address (P.O. Box Number is Not Acceptable): 960 NE 157 Terr N. Miami Beach City: FL Zip Code 33162

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] 3/22/04
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, 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 CAPRON, JOHN L ~~1185 NW 51 STREET~~ ~~MIAMI, FL 33127~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	960 NE 157 Terrace N. Miami Beach, FL 33162	☒ Change ☐ Addition
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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: [signature] 3/22/04 (305) 467-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

I CALL THE IRS & THIS IS THE NUMBER THA THEY GAVE ME 90-0109949. 10/29