


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000108941 1. Entity Name GOOD CAPE, INC.	
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Principal Place of Business 12161 ORANGE GROVE BLVD. W. PALM BCH, FL 33411	Mailing Address 12161 ORANGE GROVE BLVD. W. PALM BCH, FL 33411
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07202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3706005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000376038 08/10/05-80001-004 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NGUYEN, NAM V 12161 ORANGE GROVE BLVD. W. PALM BCH, FL 33411	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  **NAM NGUYEN** **08-01-05 (56) 7958620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #