## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P03000113676** 1. Entity Name 04-21-2004 90098 044 \*\*\*158.75 PCAP, CORP. Principal Place of Business Mailing Address 9280 SW 123 COURT STE 302 9280 SW 123 COURT STE 302 MIAMI, FL 33186 MIAMI. FL 33186 2. Principal Place of Business 3. Mailing Address 434 CONSERVATION DR 434 CONSERVATION Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 200597834 WESTON WESTON Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33327 33 327 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH, SETH Z Street Address (P.O. Box Number is Not Acceptable) 2650 SW 27 AVE STE 200 MIAMI, FL 33133 City Zip Code 4 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Deiete TITLE TITLE ☐ Addition PO Change NAME CASTANO, PATRICIA CASTAND PATRICIA H34 CONSERVATION NAME STREET ADDRESS 9280 SW 123 COURT STE 302 STREET ADDRESS DQ. C:TY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP WESTON, FL 33327 TITLE Delete TITLE Change ☐ Addition VTSD PRIETO, AGUSTIN NAME NAME PRIETO, AGUSTIN 434 GUSERVATION DR. STREET ADDRESS 9280 SW 123 COURT STE 302 STREET ADDRESS MIAMI, FL 33186 CITY-ST-7IP CITY-ST-7IP WESTON FL 33327 FITLE ☐ Defete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THE Chano Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered. changed, or on an attachme Priero SIGNATURE:

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