

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90012 042 \*\*\*158.75

**50011809**



01192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000013465</b>					
1. Entity Name CAPLE DESIGN, INC.					
Principal Place of Business 13422 SW 16TH LANE MIAMI, FL 33175			Mailing Address 13422 SW 16TH LANE MIAMI, FL 33175		
2. Principal Place of Business <b>678 N.W. 124 CT</b>		3. Mailing Address <b>678 N.W. 124 CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>54-2143489</b>	
Zip <b>33182</b>	Country <b>USA</b>	Zip <b>33182</b>	Country <b>USA</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  DEL PINO, CARLOS A 13422 SW 16TH LANE MIAMI, FL 33175			7. Name and Address of New Registered Agent Name <b>DEL PINO, CARLOS A</b> Street Address (P.O. Box Number is Not Acceptable) <b>678 N.W. 124 CT</b> City <b>MIAMI</b> FL <b>33182</b>		
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 <u><i>C. del Pino</i></u> DATE <u>Feb. 1<sup>st</sup>, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL PINO, CARLOS A 13422 SW 16TH LANE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL PINO, CARLOS A 678 N.W. 124 CT MIAMI, FL 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVORA, LILIA 13422 SW 16TH LANE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVORA, LILIA 678 N.W. 124 CT MIAMI, FL 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>C. del Pino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>Feb. 1<sup>st</sup>, 2005</u> Daytime Phone # <u>(305) 546-4800</u>		