

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90278 046 \*\*\*158.75

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04252006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000125447</b> 1. Entity Name <b>L &amp; M CAPE DEVELOPMENT 1 CORP.</b>					
Principal Place of Business <b>4937 S.W. 75TH AVE., STE. 21, BLDG. B MIAMI, FL 33155</b>			Mailing Address <b>4937 S.W. 75TH AVE., STE. 21, BLDG. B MIAMI, FL 33155</b>		
2. Principal Place of Business <b>12861 SW 74 St</b>		3. Mailing Address <b>12861 SW 74 St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>20-1824285</b>	
Zip <b>33183</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VALLE, MARIA F ESQ. 10570 N.W. 27 ST., UNIT 103 MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent Name <b>Miguel A Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>12861 SW 74 St</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33183</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: <span style="float: right;"></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ALONSO, LUIS</b> <input checked="" type="checkbox"/> Delete <b>4937 S.W. 75TH AVE., STE. 21, BLDG. B</b> <b>MIAMI, FL 33155</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RODRIGUEZ, MIGUEL A</b> <input type="checkbox"/> Delete <b>12861 S.W. 74 ST.</b> <b>MIAMI, FL 33183</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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 exemptions contained in Chapter 119, 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: <span style="float: right;"></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					