

P04000131423

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02/23/05--01036--003 \*\*10.00

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_ CAPRIS, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P04000131423 \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
ANDRZEJ STANGRET  
(Name of contact person)

\_\_\_\_\_  
CAPRIS, INC.  
(Firm/Company)

\_\_\_\_\_  
120 DAY LILY DR  
(Address)

\_\_\_\_\_  
JUPITER, FL 33458  
(City/state and zip code)

For further information concerning this matter, please call:

\_\_\_\_\_  
ANDRZEJ STANGRET  
(Name of contact person) at ( 561 ) 234-0019  
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 5, 2005

CAPRIS, INC.  
120 DAY LILY DR.  
JUPITER, FL 33458

SUBJECT: CAPRIS, INC.  
Ref. Number: P04000131423

We have received your document for CAPRIS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

There is a fee of \$10.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey  
Document Specialist

Letter Number: 005A00000663

RECEIVED  
05 FEB 22 AM 8:39  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: CAPRIS, INC.
2. The principal office address: 120 DAY LILY DR., JUPITER, FL 33458
3. The mailing address (if different): 120 DAY LILY DR., JUPITER, FL 33458
4. Date of incorporation/qualification: 09/20/2004 Document number: P04000131423

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ANDRZEJ STANGRET  
1012 INDIAN TRACE CIRCLE, SUITE 201  
WEST PALM BEACH, FL 33407

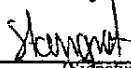
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANDRZEJ STANGRET  
120 DAY LILY DR  
(P.O. Box NOT acceptable)  
JUPITER, FL 33458

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

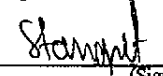
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

ANDRZEJ STANGRET - PRESIDENT  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

FEBRUARY 15, 2005  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314