


# 2007 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90051 012 \*\*\*150.00

DOCUMENT # P04000146927		
1. Entity Name CAPRI GIRLS, INC.		

Principal Place of Business 638 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33304	Mailing Address 638 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33304
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40007765



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1501 W. COPANS ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 103	
City & State		City & State POMPANO BEACH FL	
Zip	Country	Zip	Country
		33064	US

01102007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1794201		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DRATH, RACHEL 638 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1501 W. COPANS ROAD SUITE 103 POMPANO BEACH FL Zip Code 33064

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 Rachel Drath DATE 1/19/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DRATH, RACHEL 638 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 W. COPANS ROAD #103 POMPANO BEACH FL 33064 <input checked="" 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
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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 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: Rachel Drath DATE 1/19/07 DAYTIME PHONE # 954-770-7009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR