2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # P05000022334 1. Entity Name CAPAVI, INC.						04-25-2006 90104 042 ***158.75						
Principal Place	of Business	Mailing Address	Mailing Address			40	<i>y</i> -					
2900 UNIVER		•	2900 UNIVERSITY DRIVE									
	GS, FL 33065		CORAL SPRINGS, FL 33065				•					
							1838) 83171 88131 88111 88	ffi Onlen Hufu f	IN NO CICON MIN DE	11 4 D i 11 1 4 B i		
2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·- <u>-</u>	02282006	Chg-P	CR2E	034 (11/05)			
City & State		City & State		,,,	4. FEI Numbe	20-24591	44		plied For at Applicable			
Zip	Country	Zip	ip Countr			5. Certificate	of Status Desired	XI	\$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent						7. Name and	Address of New F	Registered	Agent			
DALLAFI						Name						
RAHAEL, GEORGE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065				Street Address (P.O. Box Number is Not Acceptable)								
CORAL SP												
				City		·	····	FL	Zip Cod	e		
The shove gamed entity submits this statement for the purpose of changing its registery.					ragistor	and agent or het	in the State of El			200 20001		
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.												
CIONATURE												
SIGNATURE_	Signature, typed or printed name of registered ager	and title if applicable. (NOT	E: Rogistere	d Agent signati	ure required	when reinstating)		DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						.00 May Be ed to Fees						
10.	OFFICERS AN	D DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	FICERS AN	D DIRECTOR	S IN 11		
TITLE		☐ Delete	TITLE	E	P	···-			☐ Change	Addition		
NAME			NAM			el, George						
STREET ADDRESS				ET ADDRESS	1	University Da						
CITY-SI-ZIP				-ST-ZIP	Coral V S	Springs, FL	33065					
TITLE		☐ Delete	TITL			el, Pauline			Change	X Addition		
STREET ADDRESS			1	ET ADDRESS		University D	ive					
CITY-ST-ZIP				- ST- ZIP		Springs, FL						
TITLE		☐ Defete	TITL	<u></u>	V	, Op ,g., ; =			Change	X Addition		
NAME .			NAM			el, Joseph						
STREET ADDRESS				ET ADDRESS		University D						
CITY-ST-ZIP			——	-ST-ZIP	Cora	l Springs, FL	33065		F=3. e:			
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NAME STREET ADDRESS			- 6	EET ADDRESS								
CITY_ST_7P				- ST. 7IP								

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 receive 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 a term like empowered.

SIGNATURE:

George Rahael, President 4/15/06 954-753-9500

Dayline Phone #