

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

**FILED**  
**May 04, 2007 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT #</b> P05000066409
<b>1. Entity Name</b>  CAP 2005, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3125 W. Atlantic Boulevard, Ste. No.11		<b>3. Mailing Address</b> 3125 W. Atlantic Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FLORIDA		City & State Pompano Beach, Florida	
Zip 33069	Country USA	Zip 33069	Country USA

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-2802531		<input checked="" type="checkbox"/> <b>Applied For</b>
		<input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Henry Maurepas	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4235 NW 55th Place	
<b>City</b> Pompano Beach	<b>Zip Code</b> 33073

**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**  **Henry Maurepas** **1/26/2006**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

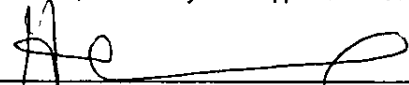
**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Chairperson/Director/CEO Maurepas, Henry 4235 NW 55th Place Coconut Creek, Florida 33073
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President/Director Dacius, Maleine 4235 NW 55th Place Coconut Creek, Florida 33073
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Corporate Secretary/Director Maurepas, Nathalie 4235 NW 55th Place Coconut Creek, Florida 33073
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Board Advisor/Ex-officio member Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street, Ste. No.1 Fort Lauderdale, Florida 33309-1206
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	300102092343 05/10/07-01013-002 **\$300.00
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Henry Maurepas, CEO** **1/26/2007** **(954)977-7510**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**