

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90079 029 ***150.00

DOCUMENT # P05000093408 1. Entity Name CAPRI USA, INC.					
Principal Place of Business 499 E PALMETTO PARK RD SUITE 207 BOCA RATON, FL 33432			Mailing Address 499 E PALMETTO PARK RD SUITE 207 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # 55 NE 5th Avenue		3. Mailing Address 55 NE 5th Avenue			
Suite, Apt. #, etc. 501		Suite, Apt. #, etc. 501			
City & State BOCA RATON		City & State BOCA RATON			
Zip 33432		Country Palm Beach		Zip 33432	
Country Palm Beach		Country Palm Beach			
6. Name and Address of Current Registered Agent TRONCONE, MONIQUE CPA 499 E PALMETTO PARK RD SUITE 207 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPRILES, RAFAEL E 2554 COCO PLUM BLVD, APT. 601 BOCA RATON, FL 334962058		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 06-04-2007 <small>Daytime Phone #</small>		