2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# P08000111537

Entity Name: MIKE CAPRA INC.

Current Principal Place of Business:

4891 NW 103RD AVENUE, SUITE 14
SUNRISE, FL 33351

New Principal Place of Business:

15127 NE 24TH STREET
338
REDMOND, WA 98052

Current Mailing Address:

4891 NW 103RD AVENUE, SUITE 14
SUNRISE, FL 33351

New Mailing Address:

15127 NE 24TH STREET
338
REDMOND, WA 98052

FEI Number: 26-1619901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIARATO, UGO V
1680 MICHIGAN AVENUE, SUITE 1022
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DI CIERI-CAMBON, PAUL
Address: 4891 NW 103RD AVENUE, SUITE 14
City-St-Zip: SUNRISE, FL 33351

Title: V ( ) Delete
Name: DI CIERI-CAMBON, SONJA C
Address: 4891 NW 103RD AVENUE, SUITE 14
City-St-Zip: SUNRISE, FL 33351

Title: S ( ) Delete
Name: CAMBON, CARMEN
Address: 4891 NW 103RD AVENUE, SUITE 14
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete
Name: CHIARATO, UGO V
Address: 1680 MICHIGAN AVENUE, SUITE 1022
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DI CIERI-CAMBON, PAUL
Address: 15127 NE 24TH STREET, SUITE 338
City-St-Zip: REDMOND, WA 98052

Title: V (X) Change ( ) Addition
Name: DI CIERI-CAMBON, SONJA C
Address: 15127 NE 24TH STREET, SUITE 338
City-St-Zip: SREDMOND, WA 98052

Title: S (X) Change ( ) Addition
Name: CAMBON, CARMEN
Address: 15127 NE 24TH STREET, SUITE 338
City-St-Zip: REDMOND, WA 98052

Title: T (X) Change ( ) Addition
Name: CHIARATO, UGO V
Address: 15127 NE 24TH STREET, SUITE 338
City-St-Zip: REDMOND, WA 98052

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL DI CIERI-CAMBON P 04/25/2009

Electronic Signature of Signing Officer or Director — Date