

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000111537

FILED
Aug 28, 2009
Secretary of State**Entity Name:** MIKE CAPRA INC.**Current Principal Place of Business:**15127 NE 24TH STREET
338
REDMOND, WA 98052**New Principal Place of Business:****Current Mailing Address:**15127 NE 24TH STREET
338
REDMOND, WA 98052**New Mailing Address:****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:**APPLETON LAW OFFICES P.A.
320 GROVE AVENUE
WINTER PARK, FL 32789 US

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: MA

08/28/2009

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

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

Title: V () Delete
Name: DI CIERI-CAMBON, PIERLUIGI
Address: 15127 NE 24TH STREET, SUITE 338
City-St-Zip: SREDMOND, WA 98052

Title: S () Delete
Name: CAPRA, JOE
Address: 15127 NE 24TH STREET, SUITE 338
City-St-Zip: REDMOND, WA 98052

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

08/28/2009

Electronic Signature of Signing Officer or Director_____
Date