## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000085086

City-St-Zip:

SANTA MONICA, CA 90403

FILED Apr 23, 2004 Secretary of State

Entity Name: CAPE HOLDINGS INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 28134 PANAMA CITY, FL 324118134 US **Current Mailing Address: New Mailing Address:** PO BOX 28134 PANAMA CITY, FL 324118134 US FEI Number: 59-3214754 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SROKA, PHILLIP CPA TIMOTHY, CRUTCHFIELD H 1401 BRIĆKELL AVE 1001 BRICKELL BAY DRIVE 9TH FLOOR STE 1000 MIAMI, FL 33131 MIAMI, FL 33131 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: TIMOTHY H. CRUTCHFIELD 04/23/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SHARP, WILLIAM L Name: Name: 401 N. MICHIGAN AVE. #1900 Address: Address: City-St-Zip: CHICAGO, IL 60611 City-St-Zip: Title: ٧S Title: () Delete () Change () Addition Name: SHARP, SARAH HELENE Name: 25 SOUTHEAST SECOND AVENUE, SUITE 1020 Address: Address: MIAMI, FL 33131 US City-St-Zip: City-St-Zip: Title: Title: VS ( ) Delete () Change () Addition SHARP, SHERYL Name: Name: 400 SOUTH GREEN ST Address: Address: City-St-Zip: CHICAGO, IL 60607 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SHARP, JONATHAN DOUGL Name: Name: Address: 1107 SIXTEENTH STREET Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: WILLIAM SHARP P 04/23/2004