2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 15, 2005 8:00 am Secretary of State DOCUMENT # P94000032516 1. Entity Name 03-15-2005 90027 010 ***150.00 CAPRI-APARTMENTS OF HOLLYWOOD, INC. Mailing Address Principal Place of Business 345 CLEVELAND STREET HOLLYWOOD FL 33019 345 CLEVELAND STREET HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address 1655 YELLOWHEART Suite, Apt. #, etc. 1655 YELLOWHEART WAY Suite, Apt. #, etc. WAY 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 65-0481735 HOLLAMOD FLORIDA HOLLYWOOD TLORIDA Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired 33019 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIGNA-S-S--JOR1-T-DIGNASS, DORIT Street Address (P.O. Box Number is Not Acceptable) 345 CLEVELAND STREET HOLLYWOOD FL 33019 Zip Code 33019 LYW00.1 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. DORIT DIGNASS 03 - 10 - 05 egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ΦØ Change ☐ Addition PD TITLE TITLE Delete DIGNASS, KLAUS NAME DIGNASS, KLAUS NAME 345 CLEVELAND STREET STREET ADDRESS STREET ADDRESS 1655 YELLOWHEART WAY HOLLYWOOD FL 33019 CITY-ST-7IP HOLLYWOOD FL. 33019- 485 CITY-ST-ZIP Change TITLE STD ☐ Delete TITLE 672 ☐ Addition DIGNASS, DORIT NAME NAME DIGNASS, DORIT STREET ADDRESS 345 CLEVELAND STREET STREET ADDRESS 1655 YELLOWHEART WAY CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP HOLLYUDOD, FL 33019-Deteta ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

03-10-05