
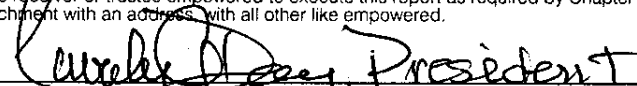


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90012 043 ***150.00

DOCUMENT # P95000059315					
1. Entity Name CAPE FLORIDA JEL, INC.					
Principal Place of Business 193 GOLF CLUB DR KEY WEST FL 33040 US			Mailing Address 193 GOLF CLUB DR KEY WEST FL 33040 US		
2. Principal Place of Business			3. Mailing Address 4702 Sunset Dr., Vero Beach, FL		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Vero Beach, FL		
Zip	Country	Zip	Country	4. FEI Number 65-0595633	
32963		32963		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, ROBERT K 2975 OVERSEAS HWY MARATHON FL 33050				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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 DAY, CAVERLY G 193 GOLF CLUB DR KEY WEST FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAY, CAVERLY G. 4702 Sunset Drive Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIE, ELENA G 5112 KLINGLE ST NW WASHINGTON DC 20016	<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	D GONZALEZ, JULIAN C 4517 MATILJA VE SHERMAN OAKS CA 91423	<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	
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	
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.					
SIGNATURE: 			4-04-04 772-234-1140 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					