2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059315

4517 MATILIJA VE

SHERMAN OAKS, CA 91423

Address: City-St-Zip:

FILED Jan 20, 2009 Secretary of State

Entity Nan	ne: CAPE FL	ORIDA JEL, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
193 GOLF KEY WEST	CLUB DR 「, FL 33040	US	4702 SUNSET DR VERO BEACH, FL 3296	S3 US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4702 SUNS VERO BEA	SET DR ACH, FL 3296	3 US			
FEI Number:	65-0595633	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MILLER, ROBERT K 2975 OVERSEAS HWY MARATHON, FL 33050 US			DAY, CAVERLY 4702 SUNSET DR VERO BEACH, FL 3296		
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CAVERLY DAY				01/20/2009	
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () DAY, CAVERLY 4702 SUNSET VERO BEACH,	DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () MILLIE, ELENA 5112 KLINGLE WASHINGTON	ST NW	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	D () GONZALEZ, JU) Delete JLIAN C	Title: (Name:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CAVERLY DAY D 01/20/2009