## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000067388

Entity Name: CAPITAL AMERICA INC.

City-St-Zip:

FILED Mar 17, 2005 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:		
8399 NW 30 TERRACE MIAMI, FL 331221916 US				8399 NW 30 TERRACE DORAL, FL 331221916 US		
Current Mailing Address:			New Maili	New Mailing Address:		
8399 N.W. 30TH TERRACE MIAMI, FL 331221916 US				8399 N.W. 30TH TERRACE DORAL, FL 331221916 US		
FEI Number:	: 65-0608969	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired (X)		
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
DOSAL, ALBERO 8399 NW 30 TERRACE MIAMI, FL 33122 US			8399 NW 3	DOSAL, ALBERTO 8399 NW 30 TERRACE MIAMI, FL 33122 US		
	named entity s e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both		
SIGNATURE: ALBERTO DOSAL				03/17/2005		
	Electron	ic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip: Title:	DOSAL, ALBER 8399 NW 30 TE MIAMI, FL 3312 D ( )	RRACE 221916 Delete	Title: Name: Address: City-St-Zip: Title:	D (X) Change ( ) Addition DOSAL, ALBERTO 8399 NW 30 TERRACE DORAL, FL 331221916  D (X) Change ( ) Addition		
Name: Address: City-St-Zip:	DOSAL, LOURE 8399 NW 30 TE MIAMI, FL 3312	RRACE	Name: Address: City-St-Zip:	DOSAL, LOURDES 8399 NW 30 TERRACE DORAL, FL 331221916		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition DOSAL, ERIC 8399 NW 30 TERR DORAL, FL 331221916		
Title: Name: Address:	( )	Delete	Title: Name: Address:	D () Change (X) Addition DOSAL, BRIAN 8399 NW 30 TERR		

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:

DORAL, FL 33122

SIGNATURE: ALBERTO DOSAL D 03/17/2005