

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90237 018 \*\*\*150.00

**DOCUMENT # P96000004755**

1. Entity Name  
**CAPRICHIO FASHION, INC.**



Principal Place of Business  
 2199 N.W. 20TH ST.  
 SUITE 6,7 & 8  
 MIAMI, FL 33142

Mailing Address  
 2199 N.W. 20TH ST.  
 SUITE 6,7 & 8  
 MIAMI, FL 33142

03000003



02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0635604</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ISSA, ESPER  
 2199 N.W. 20TH ST.  
 SUITE 6, 7 & 8  
 MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ISSA, ESPER % 2199 N.W.20TH ST.SUITE 6, 7, 8 MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ISSA, ELIE % 2199 N.W.20TH ST.SUITE 6, 7, 8 MIAMI, FL 33142
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**DO NOT WRITE IN THIS SPACE**

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: Esper Issa 04/05/04 (305) 325-8007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Office Daytime Phone #