

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000014543**

1. Entity Name  
**CAPE LIGHT MANAGEMENT, INC.**



Principal Place of Business  
**7345 SAND LAKE RD  
STE. 406  
ORLANDO, FL 32819 US**

Mailing Address  
**7345 SAND LAKE RD  
STE. 406  
ORLANDO, FL 32819 US**



03302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3360513**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**ARANHA, MONIKA  
8432 TANGELO TREE DR  
ORLANDO, FL 32836**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**000000102034  
04/02/04-BJJ37-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	ARANHA, MONIKA
STREET ADDRESS	8432 TANGELO TREE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	TD
NAME	GARCIA, JORGE D
STREET ADDRESS	8432 TANGELO TREE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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 life empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.01.04**

**407-3637111**

Date

Daytime Phone #