


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90004 005 ***226.25

DOCUMENT # P96000022425

1. Entity Name
CAPRICO INTERNATIONAL CORPORATION



Principal Place of Business
 2750 N.W. 44TH STREET
 APT 412
 FORT LAUDERDALE FL 33309 *see below*

Mailing Address
 4119 NO STATE ROAD 7
 STE 8004
 LAUDERDALE LAKES FL 33319
 US *Delete from record*



MOORE CR2E034 (11/03)

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
2750 N.W. 44TH ST APT 412

Suite, Apt. #, etc.
2750 N.W. 44TH ST APT 412

City & State
OAKLAND PARK FL

City & State
OAKLAND PARK FL

Zip
33309-4380

4. FEI Number
65-0651080

Applied For
 Not Applicable

Country
US

Country
US

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

6. Name and Address of Current Registered Agent

HARDMAN, ELAINE M MD
 2750 N.W. 44TH STREET
 APT 412
 OAKLAND PARK FL 33309

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 *Elaine Mahone Hardman M.D.*
 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
Make Check Payable to Florida Department of State

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	PD HARDMAN, ALICE ELAINE DR. 2750 N.W. 44TH STREET APT 412 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHITE, EDWARD C SR 867 BOLTON PL NW ATLANTA GA 30331-3309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARDMAN, ELAINE MAHONE DR. 2750 N.W. 44TH STREET, APT 412 FORT LAUDERDALE FL 33-3309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BAXTER, OSCAR 13353 FAIRWINDS DR STRONGSVILLE OH 44136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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: *Elaine Mahone Hardman M.D.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELAINE MAHONE HARDMAN M.D.

05-10-04 954-677-2404
 Date Daytime Phone #

Attachment

Doc P96 0000 22425
44045636

JO MAY 2004: Received Application.

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Dear Madam/Sir:

Please note that the Mailing
Address of Capricho Inter-
national Corporation is the
same as the place of business's
Address.

I have enclosed The following.

- \$150.00 Annual fee
- 62.50 Change of mailing
8.75 address
- 5.00 Certificate of State
Election Campaign
financing Trust
fund contribution.
- 5.00
- \$226.25

Sincerely,
ELAINE MAHONE HARDMAN, M.D.
Elaine Mahone Hardman, M.D.