

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*
US

Mailing Address

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

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

2750 N.W. 44TH ST APT 412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2750 N.W. 44TH ST APT 412

OAKLAND PARK FL

City & State

33309-4380

33309-4380

US

33309-4380

US

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	addresses
5.00	Certificate of State
<u>5.00</u>	Election Campaign
\$226.25	financing Trust
	fund contributions.

Sincerely,

ELAINE MAHONE HARDMAN, M.D.

Elaine Mahone Hardman, M.D.