2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000022425 DOCUMENT

1. Entity Name

CAPRICHO INTERNATIONAL CORPORATION



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90259 040 ***158.75

Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Name and Address of New Register Agent 1. Name and Address of New Register Agent 1. Name and							WOD WE	3500									
Suite, Apt # etc. Suite, Apt # etc. City & State City & Country City & State City	2750 N.W 44TH STREET APT 412 FORT LAUDERDALE FL 33309 US				4119 NO STATE ROAD 7 STE 8004 LAUDERDALE LAKES FL 33319 US												
City & State Ci	2. Principal P	lace of Busir	iess	3. Ma	iling Address											11201 5111 1561	
Signature September Sept	Suite, Apt. #, etc. Suite, Apt. #, etc.									CHECK HERE IF MAKING CHANGES							
8. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent	City & State				& State			4. FEI Number 65-0651080					Applied For Not Applicable				
HARDMAN, ALICE E DR 2750 N.W 43TH STREET APT 412 FORT LAUDERDALE FL 33309 6. The above named entity submits this statement for the purpose of changing its registered ollice or registered agent. SIGNATURE Signal Address (P.O. Bir, Numberjals Not Jocophysholo) Apt 4/ 2 DAHLANN FARK FL 3550 9 6. The above named entity submits this statement for the purpose of changing its registered alloce or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	Zip Country				Zip Cour			5. Certificate of Status Desire				Desired-	X				-
Street Address (P.O. Beth Number) is the property in Not prope		6. Name	and Address of Current I	Register	ed Agent				7. Nam	e and A	ddress	of New	Register	ed Age	nt]
A. 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature Submits The State of Florida. I am tamiliar with, and accept the obligations of registered agent. Signature Submits The State of Florida. I am tamiliar with, and accept the obligations of registered agent. or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of the obligat	2750 N.W APT 412	44TH STR	EET				Name F/A/ Street Ac	RDM ddress (1	AND BOXN	E/A Jumper 44	INE Is Not A	MA Copiab	HONE P.	t 4	.D 112		-
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Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-	the obligat	Signature, typed	ered agent!" FREE IS \$150.00	Ho	Amon	M.	<u>≥</u>		when reinstati	ing) 9. Eleci	ion Can	04	DA inancing	3 _ (\$5.0	May Be	
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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.