

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90001 017 ***150.00

DOCUMENT # P96000083191

1. Entity Name
CAPRICE GROUP, INC.



Principal Place of Business
**11430 S.W. 103 STREET
MIAMI, FL 33176**

Mailing Address
**11430 S.W. 103 STREET
MIAMI, FL 33176**

14018083



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0791275	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GUTSTEIN, MARGARITA
11430 S.W. 103 STREET
MIAMI, FL 33176**

**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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUTSTEIN, JOSE
STREET ADDRESS	11430 S.W. 103 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	GUTSTEIN, MARGARITA
STREET ADDRESS	11430 S.W. 103 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	GUTSTEIN, MIRON
STREET ADDRESS	11430 S.W. 103 STREET
CITY-ST-ZIP	MIAMI, FL 33176
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)(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:

M. Gutstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05

Date

305 595 9618

Daytime Phone #

ATTACHMENT

14018083
#P96000083/91

June 30, 2005

Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Administrative Division

To Whom it May Concern:

Today I received a Corporate Notice of Dissolution, stating that my corporation, Caprice Group Inc., will be involuntary dissolved by September 7, 2005 if the report is not filed in a timely manner.

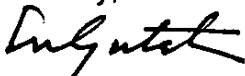
I am unaware of having received the First Notice for filing the report for this year. This has been an extremely hectic period for me. During the past several months, I have undergone two heart angioplasty procedures, as well as a hip replacement surgery.

Upon receiving the Notice of Dissolution, I am taking immediate action to remedy the situation. Needless to say, I am very distressed about this, and I'm responding right away, hoping it can be resolved.

We have always filed in a timely manner, and we respectfully request that you permit us to pay the normal filing fee of \$ 150.00.

Please be understanding of my situation and the factors that caused this to happen.

Sincerely,



Miron G. Gutstein
Director
Caprice Group Inc.
11430 S.W. 103 St.
Miami, FL 33176
PH: 305-595-9618