2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000001356

1. Entity Name
CAPRI INTERNATIONAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
6782 SARASEA CIRCLE SARASOTA, FL 34242	6782 SARASEA CIRCLE SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE

02052005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2085597

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIANCRISTOFORO, VERA
6782 SARASEA CIRCLE
SARASOTA, FL 34242

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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 _____ DATE
Signature required if name of registered agent is changed (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIANCRISTOFORO, VERA
STREET ADDRESS	6782 SARASEA CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	GIANCRISTOFORO, JULIA
STREET ADDRESS	2030 GREENSPRING VALLEY RD.
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	SMITH, RICHARD L III
STREET ADDRESS	2030 GREENSPRING VALLEY RD.
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Julia Giancristoforo 4-28-05 941-349-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #