

04/06/2005

15:57

WILLIAM ALBORNOZ → 5829339297

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90153 028 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000018834		
1. Entity Name CAP FERRAT CORPORATION		
Principal Place of Business 901 PONCE DE LEON BLVD SUITE 803 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD SUITE 803 CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0822819		Not Applicable \$8.75 Additional (per page)
5. Record of Change of Name ☐		6. Election Campaign Financing Trust Fund Contribution ☐
7. Signature of Registered Agent WILLIAM ALBORNOZ 901 PONCE DE LEON BLVD STE 803 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of designating its registered agent or agent-in-fact in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: _____ (NOTE: Registered Agent Signature Required When Filing Annual Report)		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		35.00 May be Added to Fees
9. OFFICERS AND DIRECTORS		
TITLE STREET ADDRESS CITY, ST, ZIP	901 PONCE DE LEON BLVD STE 803 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BIERLEIN, ELIZABETH DE 901 PONCE DE LEON BLVD STE 803 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	DO NOT WRITE IN THIS SPACE	
12. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same conforms with the requirements of the Florida Statutes. I warrant that the information furnished is true and correct to the best of my knowledge and belief, and that the same conforms with the requirements of the Florida Statutes.		
SIGNATURE: _____		

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