01/31/2007 11:49 305-445-4971

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 26, 2007 8:00 am**
**Secretary of State**
02-26-2007 90057 042 ***150.00

DOCUMENT # P98000018834

1. Entity Name
CAP FERRAT CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 901 PONCE DE LEON BLVD SUITE 603<br>CORAL GABLES, FL 33134 | 901 PONCE DE LEON BLVD SUITE 603<br>CORAL GABLES, FL 33134 |

**DO NOT WRITE IN THIS SPACE**

01102007 No Clg-P CR2E034 (11/05)

4. FEI Number
65-0822819
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 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 | BIERLEIN, MICHAEL |
| STREET ADDRESS | 901 PONCE DE LEON BLVD STE 603 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | D |
| NAME | BIERLEIN, ELIZABETH DE |
| STREET ADDRESS | 901 PONCE DE LEON BLVD STE 603 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| 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 exemptions contained in Chapter 119, 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:** H. Bierlein 2/22/07 (305)444-174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #