


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000037108</b> 1. Entity Name PAS CAPS, INC.	
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Principal Place of Business 16251 N.W. 54TH AVENUE MIAMI, FL 33014	Mailing Address 16251 N.W. 54TH AVENUE MIAMI, FL 33014
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07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3517025	Applies For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BERMAN, SAM 16251 N.W. 54TH AVENUE MIAMI, FL 33014
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**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 (if applicable, (NOTE: Registered Agent signature required when reinstating)) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERMAN, SAM 16251 N.W. 54TH AVENUE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERMAN, CAROLE 16251 N.W. 54TH AVENUE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHEELER, SUSAN 16251 N.W. 54TH AVENUE MIAMI, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000163336  
07/06/04-800009-010 550.00

**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:** Susan Wheeler VP Susan Wheeler, Vice Pres. 3/15  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #