
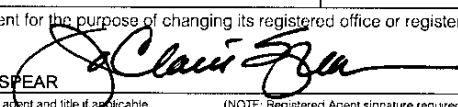
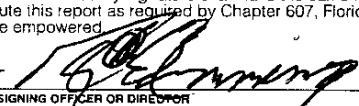


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90044 009 ***150.00

DOCUMENT # S89109 1. Entity Name CAPATARA U.S., INC.					
Principal Place of Business 40 LESLEY LANE OLDSMAR, FL 34677 US			Mailing Address 9410 INTERNATIONAL CT N SAINT PETERSBURG, FL 33716 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5149 CENTRAL AVENUE Suite, Apt. #, etc.			
City & State Zip Country		City & State SAINT PETERSBURG, FL Zip Country 33710 USA		4. FEI Number 59-3091449 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SPEAR, JO CLAIRE ESQ. 9410 INTERNATIONAL CT N SAINT PETERSBURG, FL 33716			7. Name and Address of New Registered Agent Name SPEAR, JO CLAIRE ESQ. Street Address (P.O. Box Number is Not Acceptable) 5149 CENTRAL AVENUE City SAINT PETERSBURG FL Zip Code 33710		
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 JO CLAIRE SPEAR <small>Signature, typed or printed name of registered agent and title if applicable.</small>			 MAY 5, 2005 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ANNING, RAY 40 LESLEY LANE OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANNING, TERRY RR3; 7786 PATTERSON SIDEROAD CAEDON E. ONTARIO, CA L0N1E0	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANNING, TERRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition R.R.#3, 7786 PATTERSON SIDEROAD, CALEDON EAST, ONTARIO, CANADA L0N1E0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANNING, PATRICIA RR 3; 13716 22ND SIDEROAD GEORGETOWN, ONTARIO, CA L7G	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANNING, PATRICIA, R.R.#1, 13716 22nd SIDEROAD, GEORGETOWN, ONTARIO, CANADA L7G4S4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: RAY ANNING, AS ITS PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			 MAY 17, 2005 <small>Date</small>		
727-576-6400 <small>Daytime Phone #</small>					