

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F65502

**Entity Name:** CAPISLE INVESTMENTS INC.

**Current Principal Place of Business:**

405 LEXINGTON AVENUE  
11TH FLOOR  
NEW YORK, NY 10174

**Current Mailing Address:**

405 LEXINGTON AVE  
11 FLOOR  
NEW YORK, NY 10174 US

**FEI Number:** 13-3152435

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name DURUZ, NICOLAS PD  
Address 405 LEXINGTON AVENUE, 11 FLOOR  
City-State-Zip: NEW YORK NY 10174

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DURUZ , NICOLAS PD

**PRESIDENT, DIRECTOR**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date