

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000157

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: THE CAP FOUNDATION, INC.

## Current Principal Place of Business:

5493 WILES ROAD  
SUITE 105  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

5481 WILES ROAD  
SUITE 505-C  
COCONUT CREEK, FL 33073

## Current Mailing Address:

5493 WILES ROAD  
SUITE 105  
COCONUT CREEK, FL 33073

## New Mailing Address:

5481 WILES ROAD  
SUITE 505-C  
COCONUT CREEK, FL 33073

FEI Number: 68-0642053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, CESAR A  
5493 WILES ROAD  
SUITE 105  
COCONUT CREEK, FL FL US

## Name and Address of New Registered Agent:

PEREZ, CESAR A  
5481 WILES ROAD  
SUITE 505-C  
COCONUT CREEK, FL FL 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: CESAR A PEREZ

01/05/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: PEREZ, CESAR A  
Address: 5481 WILES ROAD, SUITE 505-C  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP  
Name: PEREZ, ALEJANDRA M  
Address: 5481 WILES ROAD, SUITE 505-C  
City-St-Zip: COCONUT CREEK, FL 33073

Title: TREA  
Name: BONNELLY, ORLANDO  
Address: 5481 WILES ROAD, SUITE 505-C  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP  
Name: PEREZ, CESAR A JR  
Address: 5481 WILES ROAD, SUITE 505-C  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SEC  
Name: PEREZ, CLAUDIA A  
Address: 5481 WILES ROAD # 505-C  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP  
Name: PEREZ, GABRIELLE A  
Address: 5481 WILES ROAD # 505-C  
City-St-Zip: COCONUT CREEK, FL 33073

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDIA A PEREZ

SEC

01/05/2012

Electronic Signature of Signing Officer or Director

Date