

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150141

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: CAPELES ENTERPRISES, INC

## Current Principal Place of Business:

2372 JOSEFINA DR  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

2372 JOSEFINA DR  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 47-0946902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALL ABOUT FINANCE AND MORE, LLC  
1633 E. VINE ST  
SUITE 216  
KISSIMMEE, FL 34743 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FLORES, ROBERTO  
Address: 2372 JOSEFINA DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete  
Name: FLORES, PAULA  
Address: 2372 JOSEFINA DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CAPELES, MERVIN  
Address: 2372 JOSEFINA DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Change ( ) Addition  
Name: CAPELES, JUAN A  
Address: 2372 JOSEFINA DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: SEC ( ) Change (X) Addition  
Name: FLORES, ROBERTO  
Address: 2372 JOSEFINA DR  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: T ( ) Change (X) Addition  
Name: FLORES, PAULA  
Address: 2372 JOSEFINA DR  
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MERVIN CAPELES

P

03/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date