

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080982

FILED  
May 01, 2009  
Secretary of State

Entity Name: CAP ACCOUNTING & TAX SERVICES INC.

**Current Principal Place of Business:**

11725 COLLIER BLVD  
A  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

11725 COLLIER BLVD  
A  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 26-0632617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CLAUDIO, ARGUELLO  
11725 COLLIER BLVD  
A  
NAPLES, FLORIDA, FL 34116 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARGUELLO, CLAUDIO  
Address: 1060 GOLDEN GATE BLVD E  
City-St-Zip: NAPLES, FLORIDA, FL 34120 US

Title: VP ( ) Delete  
Name: AHDI, PRITPAL  
Address: 2750 INLET COVE LANE WEST  
City-St-Zip: NAPLES, FLORIDA, FL 34120 US

Title: VP ( ) Delete  
Name: ARGUELLO, ALVARO J SR  
Address: 450 GOLDEN GATE BLVD W  
City-St-Zip: NAPLES, FLORIDA, FL 34120 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLAUDIO ARGUELLO

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date