


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90163 033 ***150.00

DOCUMENT # P96000030566

1. Entity Name
THE CAPONE GROUP, INC.



Principal Place of Business
**4100 NORTH 35TH AVENUE
 HOLLYWOOD, FL 33021**

Mailing Address
**4100 NORTH 35TH AVENUE
 HOLLYWOOD, FL 33021**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04222008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0665390

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPONE, JOAN
 4100 N 35TH AVE
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	CAPONE, JOAN
STREET ADDRESS	4100 NORTH 35TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	P <input type="checkbox"/> Delete
NAME	CAPONE, KARIN
STREET ADDRESS	4100 NORTH 35TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	S <input type="checkbox"/> Delete
NAME	NETTINA, PATRICIA
STREET ADDRESS	4100 NORTH 35TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	T <input type="checkbox"/> Delete
NAME	CAPONE, JOHN
STREET ADDRESS	4100 NORTH 35TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Capone, Karin
STREET ADDRESS	4100 N. 35th Avenue
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nettina, Patricia
STREET ADDRESS	4100 N. 35th Avenue
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Capone, Richard
STREET ADDRESS	4100 N. 35th Avenue
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joan Capone 4/26/08 **Joan Capone** Director April 26, 2008 (954) 961-3079
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number
 After 2 P.M.