

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030566

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: THE CAPONE GROUP, INC.

**Current Principal Place of Business:**

4100 NORTH 35TH AVENUE  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4100 NORTH 35TH AVENUE  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 65-0665390      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CAPONE, JOAN  
Address: 4100 NORTH 35TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S  
Name: CAPONE, KARIN  
Address: 4100 NORTH 35TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: V  
Name: NETTINA, PATRICIA  
Address: 4100 NORTH 35TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T  
Name: CAPONE, JOHN  
Address: 4100 NORTH 35TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P  
Name: CAPONE, RICHARD  
Address: 4100 N 35TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

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: PATRICIA VIVACUE

V

04/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date