

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000080982

**Entity Name:** CAP ACCOUNTING & TAX SERVICES INC.

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC6962715669**

**Current Principal Place of Business:**

11725 COLLIER BLVD  
1-A  
NAPLES, FL 34116

**Current Mailing Address:**

11725 COLLIER BLVD  
1-A  
NAPLES, FL 34116 US

**FEI Number: 26-0632617**

**Certificate of Status Desired: No**

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

ALVARO, ARGUELLO J  
11725 COLLIER BLVD  
1-A  
NAPLES , FLORIDA, FL 34116 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ARGUELLO, ALVARO J  
Address 450 GOLDEN GATE BLVD W  
City-State-Zip: NAPLES, FLORIDA FL 34120

Title PRESIDENT  
Name ARGUELLO, ROBERTO MARTIN SR.  
Address 4523 CORAL PALM LN #3  
City-State-Zip: NAPLES FL 34116

Title VP  
Name ARGUELLO, MARIA MARTHA  
Address 391 14TH ST SE  
City-State-Zip: NAPLES FL 34117

*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: ROBERTO MARTIN ARGUELLO SR**

**PRESIDENT**

**04/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date