

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000031545

**Entity Name:** CAPTIONEXPERTS INC.

**Current Principal Place of Business:**

926 SW 150TH TERRACE  
SUNRISE, FL 33326

**Current Mailing Address:**

926 SW 150TH TERRACE  
SUNRISE, FL 33326 US

**FEI Number:** 45-4951522

**Certificate of Status Desired:** No

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

ELALOUF, LEON  
926 SW 150 TERRACE  
NONE  
SUNRISE, FL 33326 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                  | Title           | VP                  |
| Name            | ELALOUF, LEON      | Name            | ELALOUF, PAUL       |
| Address         | 926 SW 150 TERRACE | Address         | 1058 SW 149 TERRACE |
| City-State-Zip: | SUNRISE FL 33326   | City-State-Zip: | SUNRISE FL 33326    |

*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:** LEON ELALOUF

**PRESIDENT**

**04/26/2013**

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

\_\_\_\_\_  
Date