


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 576170.	
1. Entity Name CAP ASSOCIATES, INC.	

Principal Place of Business 1281 N OCEAN DRIVE SUITE #146 SINGER ISLAND, FL 33404 US	Mailing Address 1281 N OCEAN DR SUITE #146 SINGER ISLAND, FL 33404 US
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0988037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATEO, PETER M 1281 N OCEAN DRIVE SUITE #146 SINGER ISLAND, FL 33404
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**DO NOT WRITE
IN THIS SPACE**

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 <u>Peter M. Mateo</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Peter M. Mateo</u> <u>4/27/04</u> <small>(NOTE: Registered agent signature required when renewing) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	PEREZ, C. NICALUS
NAME	
STREET ADDRESS	1281 N OCEAN DRIVE SUITE #146
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE VP	MATEO, ALFREDO
NAME	
STREET ADDRESS	1281 N OCEAN DRIVE SUITE #146
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE ST	MATEO, PETER M
NAME	
STREET ADDRESS	1281 NORTH OCEAN DRIVE S-146
CITY-ST-ZIP	WEST PALM BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80128-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <u>Peter M. Mateo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/27/04</u> <small>Date</small>	<u>561-310-6748</u> <small>Daytime Phone #</small>
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