

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 576170</b>	
1. Entity Name <b>CAP ASSOCIATES, INC.</b>	



Principal Place of Business <b>1281 N OCEAN DRIVE SUITE #146 SINGER ISLAND FL 33404 US</b>		Mailing Address <b>1281 N OCEAN DR SUITE #146 SINGER ISLAND FL 33404 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **06-0988037** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  <b>MATEO, PETER M 1281 N OCEAN DRIVE SUITE #146 SINGER ISLAND FL 33404</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 Peter M. Mateo Peter M. Mateo 4/22/06  
Signature, typed or printed name of registered agent and his or her applicable (NOTE: Registered Agent signature required when translating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, C. NICALUS 1281 N OCEAN DRIVE SUITE #146 SINGER ISLAND FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>U00000527894</b> <b>05/05/06-80015-016 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATEO, ALFREDO 1281 N OCEAN DRIVE SUITE #146 SINGER ISLAND FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATEO, PETER M 1281 NORTH OCEAN DRIVE S-146 WEST PALM BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Peter M. Mateo 4/22/06 516-310-679