

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F01000001801

1. Entity Name  
CAP PRO BROKERAGE SERVICES, INC.



Principal Place of Business  
220 SOUTH SIXTH STREET  
SUITE 900  
MINNEAPOLIS, MN 55402

Mailing Address  
220 SOUTH SIXTH STREET  
SUITE 900  
MINNEAPOLIS, MN 55402

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEVERY, STEVEN D 150 NORTH SHORE DRIVE WEST MAPLE PLAIN, MN 55359	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLSON, CYNIATA M 4525 KIMBERLY CT NORTH MINNEAPOLIS, MN 55446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CYNTHIA M. CARLSON 4525 KIMBERLY COURT NORTH MINNEAPOLIS, MN 55446</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DORALE, RICHARD L 8680-160E-CT-NW ANOKA, MN 55303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLAND, BOB ONE NATIONWIDE PRETEL COLUMBUS, OH 432152220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>ROBERT ROLLAND 4153 BINGENILL DRIVE COLUMBUS, OH 43220</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>CHRISTOPHER ALLEGRETTI 17018 PARKLAWN DRIVE MEADVILLE, PA 16355</i>
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"/> Addition

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.

**SIGNATURE:** *RICHARD L. DORALE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/04*

*612-215-3500*

Date

Daytime Phone #

**FILED  
Apr 19, 2004 8:00 am  
Secretary of State**

04-19-2004 90356 010 \*\*\*150.00

*24048441*

04122004 Chg-P CR2E034 (10/03)