


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2005 90002 022 \*\*\*150.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 19 AM 9:12

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|---|---|
| <b>DOCUMENT # F01000001801</b>                            |  |
| 1. Entity Name<br><b>CAP PRO BROKERAGE SERVICES, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>220 SOUTH SIXTH STREET<br/>SUITE 900<br/>MINNEAPOLIS, MN 55402</b> | Mailing Address<br><b>220 SOUTH SIXTH STREET<br/>SUITE 900<br/>MINNEAPOLIS, MN 55402</b> |
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|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



06292005 Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number<br><b>41-1953231</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name: _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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.

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|--|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ALLFERETTI, CHRISTOPHER</b><br><b>13018 PARKLANE DRIVE</b><br><b>MEADVILLE, PA 16855</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Christopher Allegretti</b><br><b>13018 Park Lane Drive</b><br><b>Meadville, PA 16855</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>CARLSON, CYNTHIA M</b><br><b>4525 KIMBERLY CT NORTH</b><br><b>MINNEAPOLIS, MN 55446</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>DORALE, RICHARD L</b><br><b>8680 160E CT NW</b><br><b>ANOKA, MN 55303</b> <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>ROLLAND, ROBERT</b><br><b>4153 EDGEHILL DRIVE</b><br><b>COLUMBUS, OH 43220</b> <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 another like empowered.

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|---|-------------------------------------|
| <b>SIGNATURE:</b>  | <b>6/29/05</b> <b>612.215.3500</b>  |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                      | <small>Date Daytime Phone #</small> |