

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000004368

1. Entity Name  
CAPUANO, INC.



Principal Place of Business  
2003 N. OCEAN BLVD.  
SUITE 803 N  
BOCA RATON, FL 33431

Mailing Address  
2003 N. OCEAN BLVD.  
SUITE 803 N  
BOCA RATON, FL 33431



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2304836	Applied For 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**

CAPUANO, PABLO  
2003 N. OCEAN BLVD.  
BOCA RATON, FL 33431

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME CDP  
STREET ADDRESS CAPUANO, PABLO  
CITY - ST - ZIP 2003 N. OCEAN BLVD.  
BOCA RATON, FL 33431

TITLE  
NAME DS  
STREET ADDRESS CAPUANO, ESTUARDO  
CITY - ST - ZIP 2003 N. OCEAN BLVD.  
BOCA RATON, FL 33431

TITLE  
NAME T  
STREET ADDRESS CAPUANO, GUILLERMO  
CITY - ST - ZIP 2003 N. OCEAN BLVD.  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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01/10/07-80012-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Pablo Capuano PABLO CAPUANO 1-3-2007 (561)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #