

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F82420

FILED
Mar 25, 2009
Secretary of State

Entity Name: CAPA BUILDERS AND DEVELOPERS, INC.

Current Principal Place of Business:

4542 N HIATUS RD.
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4542 N HIATUS RD.
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 59-2345041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPRIO, SAMUEL
4542 N HIATUS RD
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPRIO, SAMUEL
Address: 4542 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

Title: V () Delete
Name: KUTZ, DONALD P
Address: 14330 PEDIGREE LN.
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAPRIO, SAMUEL R
Address: 4542 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: CAPRIO, SAMUEL N
Address: 2955 NW 126TH AVE # 5-212
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL R CAPRIO

PD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date