

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K82343

FILED
Apr 24, 2008
Secretary of State

Entity Name: CAPRI SERVICES, INC.

Current Principal Place of Business:

2565 W NEW HAVEN AVE.
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

2565 W NEW HAVEN AVE
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 59-2964510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, CAPRITTA A
921 MANDARIN DR. NE.
PALM BAY, FL 32905 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: P () Delete
Name: CAPRITTA, THOMAS ANG, ELO
Address: 2565W NEW HAVEN AVE.
City-St-Zip: W NEW HAVEN, FL 32904

Title: S () Delete
Name: CAPRITTA, MICHELE MA, RIE
Address: 2565 W NEW HAVEN AVE.
City-St-Zip: W MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHELE CAPRITTA

SEN

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date