

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90068 006 \*\*\*150.00

**DOCUMENT # M73916**

1. Entity Name

**KAPELOW INVESTMENTS, INC.**



Principal Place of Business

**11900 BISCAYNE BLVD. STE 802  
MIAMI FL 33181**

Mailing Address

**11900 BISCAYNE BLVD. STE 802  
MIAMI FL 33181**

**50020945**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0041834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSEN, ERROL  
11900 BISCAYNE BLVD  
SUITE 802  
MIAMI FL 33181**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME KAPELOW, PAUL  
STREET ADDRESS 11900 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

TITLE ASV ☐ Delete  
NAME ROSEN, ERROL  
STREET ADDRESS 11900 BISCAYNE BLVD., #802  
CITY-ST-ZIP MIAMI FL 33181

TITLE SD ☐ Delete  
NAME BROWN, PETER  
STREET ADDRESS 11900 BISCAYNE BLVD., #802  
CITY-ST-ZIP MIAMI FL 33181

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 16855 NE 2nd Ave #301  
CITY-ST-ZIP North Miami Beach, FL 33162

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 16855 NE 2nd Ave #301  
CITY-ST-ZIP North Miami Beach, FL 33162

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 16855 NE 2nd Ave #301  
CITY-ST-ZIP North Miami Beach, FL 33162

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ERROL ROSEN**

**2/24/05**

**305.892.8200**