


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 02, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000053378</b> 1. Entity Name <b>CAPATAMPA, INC.</b>	
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Principal Place of Business <b>2107 W. FERRIS AVENUE TAMPA, FL 33603</b>	Mailing Address <b>2107 W. FERRIS AVENUE TAMPA, FL 33603</b>
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07292006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3653380</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CRUZ, FRANK C 2107 W. FERRIS AVENUE TAMPA, FL 33603</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**U000000573112  
08/02/06-80002-023 150.00**  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CRUZ, FRANK C 2107 W. FERRIS AVENUE TAMPA, FL 33603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CRUZ, EDUARDO 2911 PALMETTO TAMPA, FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Frank C Cruz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/06  
Date

Daytime Phone #