

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90103 042 ***150.00

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1. Entity Name

CAPER DEVELOPMENT GROUP INC



Principal Place of Business

4615 S.W. 74 AVE
MIAMI, FL 33155

Mailing Address

9711 SW 6 STREET
MIAMI, FL 33174

11063003



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1065955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CABALLERO, MARIA A
9711 SW 6 STREET
MIAMI, FL 33174

**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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PEREZ, GONZALO
STREET ADDRESS 4615 S.W. 74 AVE
CITY-ST-ZIP MIAMI, FL 33155

TITLE SVD
NAME CABALLERO, MARIA A
STREET ADDRESS 9711 SW 6 STREET
CITY-ST-ZIP MIAMI, FL 33174

TITLE PD
NAME GONZALO, N PEREZ
STREET ADDRESS 9711 SW 6 STREET
CITY-ST-ZIP MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #

GONZALO PEREZ
PD 04-12-04