FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

10 JUL 23 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009293

1. Entity Name

Capital Asset Allocation, Inc.

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CR2E034B (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3350 SW 148th Avenue.	3350 SW 148 th Ave.
Suite, Apt. #, etc.: #110	Suite, Apt. #, etc.: #100
City & State: Miramar FL	City & State: Miramar FL.
Zip: 33027 Country: USA	Zip: 33027 Country: USA

4. FEI Number: 80-0625029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jimika Williams

Street Address (P.O. Box Number is Not Acceptable): 3350 SW 148th Avenue

City: Miramar FL Zip Code: 33027

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] 7-22-10

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
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	President
NAME	Felipa Tirado
STREET ADDRESS	3350 SW. 148th Avenue
CITY-ST-ZIP	Miramar FL 33027
TITLE	SEC
NAME	Jimika Williams.
STREET ADDRESS	3350 SW 148th Avenue
CITY-ST-ZIP	Miramar FL. 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DC 7.23.10

Due to Rev. of Dissolution

900183841599

07/26/10--01002--003 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7-22-10 866.688.6608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #