


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000086569		
1. Entity Name MARIA L. CAPOTE, INC.		
Principal Place of Business 8104 N.W. 102ND TERRACE TAMARAC, FL 33321	Mailing Address 8104 N.W. 102ND TERRACE TAMARAC, FL 33321	
DO NOT WRITE IN THIS SPACE		

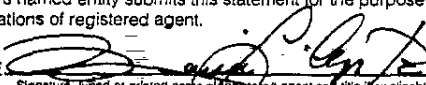


07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1139201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GASS, DANIEL L 10001 NW 50TH STREET, SUITE 204 SUNRISE, FL 33351		DO NOT WRITE IN THIS SPACE
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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.

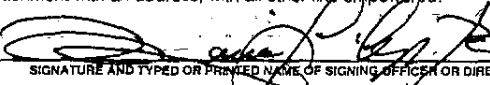
SIGNATURE:  7/8/2005
Signature, typed or printed name of registered agent and this is applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPOTE, MARIA 8104 N.W. 102ND TERRACE TAMARAC, FL 33321	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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U000000371990
07/11/05-80013-017 150.00

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:  7/8/2005 786 942 8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Call Daytime Phone #