

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90149 030 \*\*\*150.00

DOCUMENT # P02000013708

1. Entity Name

CAP ESTATE INVESTMENT CORP.



Principal Place of Business

~~9811 MAJORCA PLACE~~ 5318  
~~BOCA RATON, FL 33434~~ Skyline Blvd  
Cape Coral, FL 33914

Mailing Address

~~9811 MAJORCA PLACE~~  
~~BOCA RATON, FL 33434~~



04052005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

27-0001360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUHNEL, KAREN 5318 Skyline Blvd  
~~9811 MAJORCA PLACE~~ Cape Coral, FL 33914  
~~BOCA RATON, FL 33434~~

**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

*Karen Kuhnel*  
Signature, typed or printed name of registered agent and title if applicable.

*Karen Kuhnel*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 KUHNEL, KAREN 5318 Skyline Blvd  
STREET ADDRESS ~~9811 MAJORCA PLACE~~  
CITY-ST-ZIP ~~BOCA RATON, FL 33434~~ Cape Coral, FL 33914

TITLE  
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**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:

*Karen Kuhnel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Karen Kuhnel*

Date

4/6/05

Daytime Phone #

561-883-1203