
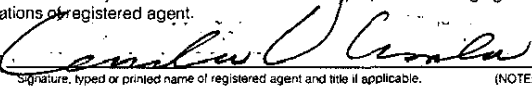



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90100 016 ***150.00

DOCUMENT # P02000049660 1. Entity Name CARLA V. CAPPELLIA, P.A.					
Principal Place of Business 774 SAN REMO DRIVE FT LAUDERDALE, FL 33226			Mailing Address 774 SAN REMO DRIVE FT LAUDERDALE, FL 33226		
2. Principal Place of Business 469 NW Blue Lake Dr		3. Mailing Address 469 N.W. Blue Lake Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port St. Lucie FL		City & State Port St. Lucie FL		4. FEI Number 04-3661799	
Zip 34986		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPPELLIA, CARLA V 774 SAN REMO DRIVE FT LAUDERDALE, FL 33226		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 469 NW BLUE LAKE DR City Port St. Lucie FL Zip Code 34986			
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:  DATE: 1-25-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPELLIA, CARLA V 774 SAN REMO DRIVE FT LAUDERDALE, FL 33226	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPELLIA, JOHN 774 SAN REMO DRIVE FT LAUDERDALE, FL 33226	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		Date: 1-25-04 Daytime Phone #: 954-349-0612			

94006885

