

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90048 048 ***155.00

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1. Entity Name

CAPPIELLO CORP



Principal Place of Business

**5615 RODMAN STREET
C
HOLLYWOOD FL 33023**

Mailing Address

**5615 RODMAN STREET
C
HOLLYWOOD FL 33023**

2. Principal Place of Business

**3480 SW 57 PLACE
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 835546
Suite, Apt. #, etc.**



MOORE

CR2E034 (11/03)

City & State

FT. LAUD FLA

City & State

HOLLYWOOD FLA

4. FEI Number

41-2046942

Applied For

Not Applicable

Zip

33312

Country

BROWARD

Zip

33083-5546

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAPPIELLO, ROBERT
5615 RODMAN STREET
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name

Robert Cappiello

Street Address (P.O. Box Number is Not Acceptable)

3480 SW 57th PLACE

City

FT. LAUD

FL

Zip Code

33312

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

Robert Cappiello PRES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

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 ☐ Delete
NAME **D**
STREET ADDRESS **CAPPIELLO, ROBERT**
CITY-ST-ZIP **5615 RODMAN STREET
HOLLYWOOD FL 33023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **Robert Cappiello (SAME)**
CITY-ST-ZIP **3480 SW 57 PLACE
FT. LAUD FLA 33312** ADDRESS CHANGE ONLY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Cappiello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04
Date

954-986-41-P9
Daytime Phone #