
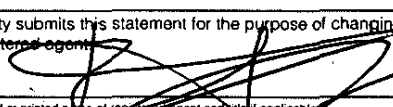
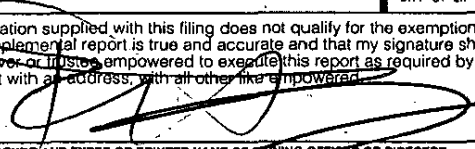


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90084 047 ***150.00

DOCUMENT # P02000114258			
1. Entity Name CAPIGLIATURA, INC.			
Principal Place of Business 2561 N DIXIE HWY LAKE WORTH, FL 33460		Mailing Address 5829 S. CONGRESS AVENUE ATLANTIS, FL 33462	
2. Principal Place of Business		3. Mailing Address 2561 N Dixie Hwy LAKE WORTH FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State 33460	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BONO, ROBERT 5829 S. CONGRESS AVENUE ATLANTIS, FL 33462		7. Name and Address of New Registered Agent Name: ROBERT BONO Street Address (P.O. Box Number is Not Acceptable): 2561 N. Dixie Hwy LAKE WORTH City: FL Zip Code: 33460	
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: 4/12/04	
SIGNATURE, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)			
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	DP BONO, ROBERT 5829 S. CONGRESS AVENUE ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DINORCIA, ANTHONY 5829 S. CONGRESS AVENUE ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 4/12/04 Daytime Phone #: 361-659-0988	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

94053204



03302004 Chg-P CR2E034 (10/03)

4. FEI Number 22-3876836 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required