


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90574 017 ***150.00

DOCUMENT # P03000001277 1. Entity Name CAPO DEMONTE INC.	
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Principal Place of Business 8400 SEMINOLE BLVD SEMINOLE, FL 33772	Mailing Address 8400 SEMINOLE BLVD SEMINOLE, FL 33772
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20036784



DO NOT WRITE IN THIS SPACE

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3115812	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GERARDI, ANNA 8400 SEMINOLE BLVD SEMINOLE, FL 33772

**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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing -- Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERARDI, ANNA 8400 SEMINOLE BLVD SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERARDI, ANDREA 8400 SEMINOLE BLVD SEMINOLE, FL 33772
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 (i) changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anna Gerardi **ANNA GERARDI** 4-1-05 727-577-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #