



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90010 006 \*\*\*150.00

<b>DOCUMENT # P03000030934</b>			
1. Entity Name C.A.P. INVESTMENT MANAGEMENT, INC.			
Principal Place of Business 942 SW 12 AVE BOCA RATON, FL 33486		Mailing Address 942 SW 12 AVE BOCA RATON, FL 33486	
2. Principal Place of Business 5030 Champion Blvd Suite, Apt. #, etc. G-6231 City & State Boca Raton FL Zip 33496 Country USA		3. Mailing Address 5030 Champion Blvd Suite, Apt. #, etc. G-6231 City & State Boca Raton FL Zip 33496 Country USA	
		4. FEI Number 03-0512024 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, ROBERT T 942 SW 12 AVE BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, ROBERT T 942 SW 12 AVE BOCA RATON, FL 33486	<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)(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: July 7, 2004 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

*Attachment*

*44048731*

*# P03000030934*

## **C.A.P. INVESTMENT MANAGEMENT INC.**

**Date:** 7/2/2004

**To:** DIVISION OF CORPORATIONS, PO BOX 1500, TALLAHASSEE, FL 32302-1500

**RE:** 2004 ANNUAL REPORT

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Please be advised that this corporation moved and the request for filing the 2004 Annual Report was not received so filing was not made. Enclosed is the filing and \$150 fee for this corporation - C.A.P. INVESTMENT MANAGEMENT INC. DOC #P03000030934. Please waive the penalty for this filing.

Thank you for your assistance in this matter.



Enc. 2