

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90411 001 \*\*\*150.00

DOCUMENT # P04000047018

1. Entity Name  
C.A.P. ESTRUCTURAL & DESIGN, INC



Principal Place of Business  
6750 NW 186 STREET  
217  
MIAMI, FL 33015

Mailing Address  
6750 NW 186 STREET  
217  
MIAMI, FL 33015



2. Principal Place of Business  
8205 NW 201 TR  
Suite, Apt. #, etc.

3. Mailing Address  
8205 NW 201 TR  
Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
20-0866211

Applied For  
Not Applicable

Zip  
33015

Country  
USA

Zip  
33015

Country  
USA

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

## 6. Name and Address of Current Registered Agent

PINEDA, CARLOS A  
6750 NW 186 STREET  
217  
MIAMI, FL 33015

## 7. Name and Address of New Registered Agent

Name  
PINEDA CARLOS A  
Street Address (P.O. Box Number is Not Acceptable)  
8205 NW 201 TR  
City  
Miami FL Zip Code  
33015

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 title 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. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
PINEDA, CARLOS A ☐ Delete  
STREET ADDRESS  
6750 NW 186 STREET # 217  
CITY-ST-ZIP  
MIAMI, FL 33015

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
PINEDA CARLOS A ☒ Change ☐ Addition  
STREET ADDRESS  
8205 NW 201 TR  
CITY-ST-ZIP  
Miami FL 33015

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

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

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

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

TITLE  
NAME  
☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 786-210-4557  
Date Daytime Phone #