


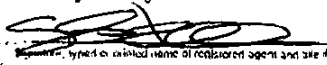

FROM :

FAX NO. :

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90112 006 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000022587			
1. Entity Name: CAPERS ON LOCATION INC.			
Principal Place of Business 800 E. CAMINO REAL #214 BOCA RATON, FL 33432		Mailing Address 800 E. CAMINO REAL #214 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 800 E Camino Real		3. Mailing Address	
Suite, Apt. #, etc. Suite 214		Suite, Apt. #, etc. Same	
City & State Boca Raton FL		City & State	
Zip 33432	Country USA	Zip	Country
6. Name and Address of Current Registered Agent STEVENSON, SHARON 214-800 E CAMINO REAL #214 BOCA RATON, FL 33432		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:  Sharon Stevenson DATE: Apr 20 2007 <small>(NOTE: Registered Agent signature required when changing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D NARDONE, GENEVIEVE 23 RAILSIDE RD TORONTO ONTARIO, M3A1B2 <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 STEVENSON, SHARON #214-800 E CAMINO REAL BOCA RATON, FL 33432 <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 exemptions contained in Chapter 119, 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:  Sharon Stevenson		561 4452203	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

40103740



04162007 Chg-P CR2E034 (12/06)

4. FEI Number
43-2074572Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

FROM :

FAX NO. :

Apr. 16 2007 08:19PM P5

ATTACHMENT 40109745

#P05000022587 850206

Name (not your trade name)

Capers on Location Inc.

Employer identification number (EIN)

43 2074572

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.**16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.**

16a 1st quarter (January 1 - March 31)

16a

16b 2nd quarter (April 1 - June 30)

16b

16c 3rd quarter (July 1 - September 30)

16c

16d 4th quarter (October 1 - December 31)

16d

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17**Total must equal line 12.****Part 6: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.



Yes. Designee's name

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS



No.

Part 7: Sign here.

You MUST fill out both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees.

☒ Sign your name here

Print your name here

Sharon Stevenson

Print your title here

President

Date

1/31/07

Best daytime phone

(561) 445-2203

Part 8: For PAID preparers only (optional)

If you were paid to prepare this return and are not an employee of the business that is filing this return, you may choose to fill out Part 8.

Paid Preparer's name

Preparer's SSN/PTIN

Paid Preparer's signature

Date



Check if you are self-employed.

Firm's name

Firm's EIN

Street address

City

State

ZIP code