

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000080875

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** CAPE APPAREL DESIGNS INC.

**Current Principal Place of Business:**

723 SW 51ST TER  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

1217 E. CAPE CORAL PKWY. UNIT 99  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

723 SW 51ST TER  
CAPE CORAL, FL 33914 US

**FEI Number:** 20-5035339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, TONY C  
723 SW 51ST TER  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBINSON, TONY C  
Address: 723 SW 51ST TER  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP  
Name: ROBINSON, STACIE L  
Address: 723 SW 51ST TER  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TONY C. ROBINSON

P

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date