


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90104 011 ***150.00

DOCUMENT # P07000023930			
1. Entity Name LIDIA CAPRIOTTI P.A.			
Principal Place of Business 18100 NW 19 AVE #100 NORTH MIAMI BEACH, FL 33162		Mailing Address 18100 NW 19 AVE #100 NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business - No P.O. Box # 1849 S OCEAN DR. Suite, Apt. #, etc. 214		3. Mailing Address 1849 S OCEAN DR. Suite, Apt. #, etc. 214	
City & State Hallandale - Florida		City & State Hallandale - Florida	
Zip 33009	Country U.S.A.	Zip 33009	Country U.S.A.
6. Name and Address of Current Registered Agent MAZZOLINI, AMADEO ANDRES 1849 S OCEAN DR #214 HALLANDALE, FL 33009		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P CAPRIOTTI, LIDIA 1849 S OCEAN DR, #214 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		04-20-2008 7862582530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40080712



04222008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8574716 Applied For Not Applicable

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