

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063752

FILED
Mar 18, 2008
Secretary of State

Entity Name: THE CAPO MARKETING CORP

Current Principal Place of Business:

10661 SW 108 AVE
APT 2-B
MIAMI, FL 33176

New Principal Place of Business:

12032 SW 132 CT
206
MIAMI, FL 33186

Current Mailing Address:

10661 SW 108 AVE
APT 2-B
MIAMI, FL 33176

New Mailing Address:

12032 SW 132 CT
206
MIAMI, FL 33186

FEI Number: 26-0219400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGOVIA, PATRICIA E
10661 SW 108 AVE
APT 2-B
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEGOVIA, PATRICIA E
Address: 10661 SW 108 AVE APT 2-B
City-St-Zip: MIAMI, FL 33176

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: ROMAN, JORGE G
Address: 9079 SW 133 RD CT APT F
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA SEGOVIA

P

03/18/2008

Electronic Signature of Signing Officer or Director

_____ Date