

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000053465

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** CAPSTONE GIFT SOLUTIONS INC

**Current Principal Place of Business:**

160 SW 12TH AVENUE  
101B  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

160 SW 12TH AVENUE  
101B  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 27-0398960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, THOMAS C  
3972 NW 6TH STREET  
DEERFIELD BEACH, FL 33442 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: SMITH, THOMAS C  
Address: 160 SW 12TH AV ENUE - SUITE 101B  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: THOMAS C. SMITH

P

02/26/2012

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

\_\_\_\_\_  
Date