

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000040270

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** CAPONE'S ITALIAN PIZZERIA, INC

**Current Principal Place of Business:**

3755 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 S HIGHLANDS DRIVE  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 27-2534597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPONE, JOHN  
3775 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 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:** PS  
**Name:** CAPONE, JOHN  
**Address:** 505 S HIGHLANDS DR  
**City-St-Zip:** HOLLYWOOD, FL 33021 US

**Title:** VP  
**Name:** CAPONE, KATIE  
**Address:** 505 S HIGHLANDS DR  
**City-St-Zip:** HOLLYWOOD, FL 33021 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:** JOHN CAPONE

PS

03/12/2012

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

\_\_\_\_\_  
Date