

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019874

FILED  
Apr 09, 2005  
Secretary of State

Entity Name: SAMUEL CAPRIO ENTERPRISES, INC.

**Current Principal Place of Business:**

4542 N. HIATUS RD.  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

4542 N. HIATUS RD.  
SUNRISE, FL 33351 US

**New Mailing Address:**

FEI Number: 65-0406179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CAPRIO, SAMUEL  
965 ORCHID LANE  
GULFSTREAM, FL 33483 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: PD ( ) Delete  
Name: CAPRIO, SAMUEL  
Address: 965 ORCHID LANE  
City-St-Zip: GULFSTREAM, FL 33483

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: KUTZ, DONALD P  
Address: 14330 PEDIGREE LANE  
City-St-Zip: SOUTHWEST RANCHES, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMUEL CAPRIO

PD

04/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date