

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000075522

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** CAPER'S PLAZA, INC.

**Current Principal Place of Business:**

2126 DEL PRADO BLVD  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1840 S.E. 40TH STREET  
CAPE CORAL, FL

**New Mailing Address:**

1840 S.E. 40TH STREET  
CAPE CORAL, FL 33904

**FEI Number:** 65-0447474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKAPERDAS, KATHERINE  
1840 S.E. 40TH STREET  
CAPE CORAL, FL 33904 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:** PD  
**Name:** SKAPERDAS, KATHERINE  
**Address:** 1840 S.W. 40TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** VTD  
**Name:** SKAPERDAS, APOSTOLOS  
**Address:** 1840 S.E. 40TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** SD  
**Name:** SKAPERDAS, HARRY  
**Address:** 6611 CLYDE STREET  
**City-St-Zip:** REGO PARK, NY 11374

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:** KATHERINE SKAPERDAS

PD

03/22/2012

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

\_\_\_\_\_  
Date