

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000046853

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** CAPRICCIO OF NAPLES, INC.

**Current Principal Place of Business:**

2344 PINE RIDGE ROAD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 GOODLETTE ROAD, STE B-204  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 65-0500766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONIGLIARO, JOE  
2344 PINE RIDGE ROAD  
NAPLES, FL 33942 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: CONIGLIARO, PATRICIA  
Address: 4796 GANYMEDE CT  
City-St-Zip: NAPLES, FL 34109

Title: VP  
Name: CONIGLIARO, GIOVANNI  
Address: 4796 GANYMEDE CT  
City-St-Zip: NAPLES, FL 34109

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: PATRICIA CONIGLIARO

P

02/29/2012

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

\_\_\_\_\_  
Date