


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90029 010 \*\*\*150.00

<b>DOCUMENT # P97000070841</b>					
<b>1. Entity Name</b> THE CAPO GROUP, INC.					
<b>Principal Place of Business</b> 1150 NW 72ND AVE . PH2 MIAMI FL 33126			<b>Mailing Address</b> 1150 NW 72ND AVE . PH2 MIAMI FL 33126		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 65-0829308	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  BRODIE, SIDNEY Z 7270 NW 12TH ST., PH-I MIAMI FL 33126			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPO, ALEJANDRO <input type="checkbox"/> Delete 1150 NW 72 AVE PH-2 MIAMI FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CADO, CARMEN <input type="checkbox"/> Delete 1150 NW 72 AVE PH-2 MIAMI FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAPO, CATHERINE <input type="checkbox"/> Delete 1150 NW 72 AVE PH-2 MIAMI FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIMBERG, SEAN <input type="checkbox"/> Delete 1150 NW 72 AVE PH-2 MIAMI FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYES, RAFAEL <input type="checkbox"/> Delete 1150 NW 72 AVE PH-2 MIAMI FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, ARTHUR <input type="checkbox"/> Delete 1150 NW 72 AVE PH-2 MIAMI FL 33126				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					



MOORE CR2E034 (11/03)