2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000070841

1. Entity Name
THE CAPO GROUP, INC.

Principal Place of Business	Mailing Address
1150 NW 72ND AVE . PH2 MIAMI, FL 33126	1150 NW 72ND AVE . PH2 MIAMI, FL 33126

04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0829308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z
7270 NW 12TH ST., PH-I
MIAMI, FL 33126

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAPO, ALEJANDRO
STREET ADDRESS	1150 NW 72 AVE PH-2
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	CAPO, CARMEN
STREET ADDRESS	1150 NW 72 AVE PH-2
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	V
NAME	CAPO, CATHERINE
STREET ADDRESS	1150 NW 72 AVE PH-2
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	V
NAME	GRIMBERG, SEAN
STREET ADDRESS	1150 NW 72 AVE PH-2
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	V
NAME	REYES, RAFAEL
STREET ADDRESS	1150 NW 72 AVE PH-2
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	HERNANDEZ, ARTHUR
STREET ADDRESS	1150 NW 72 AVE PH-2
CITY-ST-ZIP	MIAMI, FL 33126

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05/08/06-80093-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/24/2006 305-51305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #