

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90203 029 \*\*\*150.00

**DOCUMENT # P97000093721**

1. Entity Name  
**CAPARROS PROPERTIES CORP.**



Principal Place of Business      Mailing Address

1215 1221 W 66TH STREET  
 HIALEAH FL 33012

14160 PALMETTO FRONTAGE RD STE 21  
 MIAMI LAKES FL 33016

*1215-1221 W. 66 St. HIALEAH*      *888 BRICKELL KEY DR. #111*



2. Principal Place of Business      3. Mailing Address

—      *1611*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*HIALEAH, FLA.*      *MIAMI FLA*

City & State      City & State

—      *MIAMI FLA*

Zip      Country      Zip      Country

—      —      *33131*      *Miami Dade County*

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For

**65-0797432**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPARROS, MARTIN SR.**  
 14160 PALMETTO FRONTAGE RD STE 21  
 MIAMI LAKES FL 33016  
*NEW ADDRESS MAILING ADDRESS*  
*888 BRICKELL KEY DR # 1611*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 restate(s))

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAPARROS, MARTIN SR.	
STREET ADDRESS	14160 PALMETTO FRONTAGE RD STE 21	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAPARROS, MIRELIA	
STREET ADDRESS	14160 PALMETTO FRONTAGE RD STE 21	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**SIGNATURE:** *Martin Caparros*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR