


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

<b>DOCUMENT # P97000093721</b>	
1. Entity Name <b>CAPARROS PROPERTIES CORP.</b>	

Principal Place of Business <b>1215 1221 W 66TH STREET HIALEAH FL 33012</b>	Mailing Address <b>14160 PALMETTO FRONTAGE RD STE 21 MIAMI LAKES FL 33016</b>
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*1215-1221 W. 66 ST. HIALEAH*     *888 BRICKELL KEY DR. #11*

2. Principal Place of Business  Suite, Apt. #, etc. <i>HIALEAH, FLA.</i> City & State	3. Mailing Address  Suite, Apt. #, etc. <i>MIAMI FL 33</i> City & State
Zip  Country	Zip <i>33131</i> Country <i>Miami Dade County</i>



1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-0797432</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>CAPARROS, MARTIN SR. 14160 PALMETTO FRONTAGE RD STE 21 MIAMI LAKES FL 33016</b> <i>NEW ADDRESS MAILING ADDRESS 888 BRICKELL KEY DR #11</i>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPARROS, MARTIN SR. 14160 PALMETTO FRONTAGE RD STE 21 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPARROS, MIRELIA 14160 PALMETTO FRONTAGE RD STE 21 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Caparros*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_