

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083516

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** CAPLE AND CHARMAIN AUTO REPAIRS CORPORATION

**Current Principal Place of Business:**

1868 NW 29 STREET  
OAKLAND PARK, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

1868 NW 29 STREET  
OAKLAND PARK, FL 33311

**New Mailing Address:**

**FEI Number:** 65-0990254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, CHARMAIN  
1868 NW 29TH ST.  
OAKLAND PARK, FL 33311 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOORE, CAPLE W  
Address: 4930 N.W 54 ST .  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV ( ) Delete  
Name: SMITH, CHARMAIN  
Address: 4930 N,W 54 ST  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** CAPLE MOORE

PD

04/22/2009

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

\_\_\_\_\_  
Date