

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000083516

**FILED**  
**Apr 29, 2012**  
**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 ( )**

**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:**

MOORE, CAPLE  
1868 NW 29TH ST.  
OAKLAND PARK, FL 33311 US

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: CAPLE MOORE

04/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: CAPLE MORE

P

04/29/2012

Electronic Signature of Signing Officer or Director

Date