


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90017 012 ***158.75

DOCUMENT # V38972	
1. Entity Name CAPUTO SECUR-ENTRY INDUSTRIES INC.	

Principal Place of Business 1190 MANOR DR SINGER ISLAND, FL 33404 US	Mailing Address 1190 MANOR DR SINGER ISLAND, FL 33404 US 404 W. Whitney Dr. Jupiter, FL 33458
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DO NOT WRITE IN THIS SPACE

05112004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CAPUTO, GINO
1190 MANOR DR.
SINGER ISLAND, FL 33404**

DO NOT WRITE IN THIS SPACE

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 registering)

DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CAPUTO, GINO 1190 MANOR DR. SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPUTO, MICHAEL 1190 MANOR DR. SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPUTO, CONNIE 1190 MANOR DR. SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD CAPUTO, ROSALBA 1190 MANOR DR SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

Resigned

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ *May 18 / 04* **561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Divert to Page #