


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90048 015 ***150.00

DOCUMENT # P94000032586

1. Entity Name
CAPITAL FACTORS HOLDING, INC.



Principal Place of Business Mailing Address

**120 E PALMETTO PARK RD
 5TH FLOOR
 BOCA RATON, FL 33432 US** **120 E PALMETTO PARK RD
 5TH FLOOR
 BOCA RATON, FL 33432 US**

2. Principal Place of Business 3. Mailing Address

1799 W Oakland Prk Blvd. **1799 W. Oakland Prk Blvd.**

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

City & State City & State

Fort Lauderdale **Fort Lauderdale**

Zip Country Zip Country

33311 **Broward** **33311** **BROWARD**



6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410**

4. FEI Number Applied For

58-1565319 Not Applicable

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

7. Name and Address of New Registered Agent

Name **N/A**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE LE CRUZ, LINDA		NAME		
STREET ADDRESS	7130 GOODLETT FARMS PKWY		STREET ADDRESS		
CITY-ST-ZIP	CORDOVA, TN 38018		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, JAMES M		NAME		
STREET ADDRESS	6200 POPLAR AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38119		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	SVP/Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDERMOTT, DENNIS		NAME	Christina Chalkley	
STREET ADDRESS	1799 W. OAKLAND PARK BLVD.		STREET ADDRESS	1799 W. Oakland Park Blvd	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP	Fort Lauderdale FL 33311	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JACKSON		NAME		
STREET ADDRESS	7130 GOODLETT FARMS PKWY		STREET ADDRESS		
CITY-ST-ZIP	CORDOVA, TN 38018		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MICHAEL J		NAME		
STREET ADDRESS	15800 JOHN J DELANEY DR, STE 300		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28277		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	EV/Asst Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MICHAEL G		NAME	Levine, Michael G.	
STREET ADDRESS	120 E PALMETTO PARK RD 5TH FL		STREET ADDRESS	120 E. Palmetto Park Rd 5th Floor	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Boca Raton FL 33432	

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: Christina Chalkley **Christina Chalkley** **3/24/05** **561 939-2043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SVP/Controller