


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000069785
 1. Entity Name
 THE CAPITALIST GROUP, CORP.



Principal Place of Business Mailing Address
 9008 NW 152 LANE 9008 NW 152 LANE
 MIAMI, FL 33018 MIAMI, FL 33018

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0939966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 VILLARREAL, ENRIQUE
 9008 NW 152 LANE
 MIAMI, FL 33018

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000115764
 04/16/04 08537 816 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VILLARREAL, ENRIQUE R 9008 NW 152 LANE MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLARREAL, TERESA M 9008 NW 152 LANE MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILLARREAL, JORGE J 9008 NW 152 LANE MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Date: 4/13/04 Daytime Phone #: (305) 637-8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR