

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90016 017 ***150.00

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1. Entity Name

CAPITOL FIRST CORPORATION



Principal Place of Business

**7100 W CAMINO REAL STE 402
BOCA RATON FL 33433**

Mailing Address

**7100 W CAMINO REAL STE 402
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

88-0361144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANDON-BROWN, ELIZABETH
9045 LA FONTANA BLVD
STE B-1
BOCA RATON FL 33434**

Name

Ashley Bloom Pres. Capitol Develop-
ment, Inc.
7100 W. Camino Real Blvd #402

Street Address (P.O. Box Number is Not Acceptable)

City

Boca Raton

FL

Zip Code

33433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Ashley Bloom

2/24/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PCD ☒ Delete
NAME TODD, MICHAEL G
STREET ADDRESS 7100 W CAMINO REAL STE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE Name Merlob, Michael ☐ Change ☒ Addition
NAME Title Director
STREET ADDRESS 7100 W. Camino Real Blvd #402
CITY-ST-ZIP Boca Raton, FL 33433

TITLE VP ☐ Delete
NAME BLOOM, ASHLEY
STREET ADDRESS 7100 W CAMINO REAL STE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE Director ☐ Change ☒ Addition
NAME JUDKOWITZ, HARVEY
STREET ADDRESS 7100 W. Camino Real Blvd #402
CITY-ST-ZIP Boca Raton, FL 33433

TITLE D ☐ Delete
NAME LEGAULT, DONALD R
STREET ADDRESS 7100 W CAMINO REAL STE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VP + CFO ☐ Change ☒ Addition
NAME SCHREIBER, MONICA
STREET ADDRESS 7100 W. Camino Real Blvd #402
CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P, D ☒ Change ☐ Addition
NAME Ashley B. Bloom
STREET ADDRESS 7100 W. Camino Real Blvd.
CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ashley B. Bloom

2/24/05 (561) 417-7115

DATE DAYTIME PHONE #

Acting President