

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 012 ***158.75

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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

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite # 14

City & State

BOCA RATON

FL

Zip

33487

Country

3. Mailing Address

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite # 14

City & State

BOCA RATON

FL

Zip

33487

Country

1st MOORE

CR2E034 (10/05)

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

BLOOM, ASHLEY
7100 W. CAMINO REAL BLVD, #402
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

BLOOM, ASHLEY

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

6600 W. ROGERS CIRCLE

SUITE # 14

City

BOCA RATON

FL

Zip Code

33487

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 changing)

ASHLEY BLOOM

04/24/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE D ☒ Delete
NAME MERLOB, MICHAEL
STREET ADDRESS 7100 W CAMINO REAL STE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE PD ☐ Delete
NAME BLOOM, ASHLEY
STREET ADDRESS 7100 W. CAMINO REAL BLVD.
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 D ☒ Delete
NAME JUDKOWITZ, HARVEY
STREET ADDRESS 7100 W CAMINO REAL STE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VPCF ☒ Delete
NAME SCHREIBER, MONICA
STREET ADDRESS 7100 W CAMINO REAL STE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD ☒ Change ☐ Addition
NAME BLOOM, ASHLEY
STREET ADDRESS 6600 W. ROGERS CIRCLE, Suite # 14
CITY-ST-ZIP BOCA RATON, FL-33487

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

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

TITLE D ☐ Change ☒ Addition
NAME BLOOM, DIANE
STREET ADDRESS 6600 W. ROGERS CIRCLE, Suite # 14
CITY-ST-ZIP BOCA RATON FL-33487

TITLE D ☐ Change ☒ Addition
NAME BLOOM, HOWARD
STREET ADDRESS 6600 W. ROGERS CIRCLE, SUITE # 14
CITY-ST-ZIP BOCA RATON, FL-33487

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 BLOOM

Date

Daytime Phone #

04/24/06 (561) 417-7115