

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90106 027 ***150.00

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04102007 Chg-P CR2E034 (12/06)

DOCUMENT # F02000003740 1. Entity Name CAPITOL FIRST CORPORATION			
Principal Place of Business 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487		Mailing Address 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box # 1801 Clint Moore Rd Suite, Apt. #, etc. # 217		3. Mailing Address 1801 Clint Moore Rd Suite, Apt. #, etc. # 217	
City & State Boca Raton, FL Zip 33487 Country		City & State Boca Raton, FL Zip 33487 Country	
4. FEI Number 88-0361144		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, ASHLEY 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name BLOOM, ASHLEY Street Address (P.O. Box Number is Not Acceptable) 1801 Clint Moore Rd # 217 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 _____ DATE 04/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOOM, ASHLEY 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOOM, ASHLEY 1801 Clint Moore Rd # 217 Boca Raton FL- 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, DIANE 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, DIANE 1801 Clint Moore Rd # 217 Boca Raton FL- 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, HOWARD 6600 WEST ROGERS CIR SOUTH 14 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, HOWARD 1801 Clint Moore Rd # 217 Boca Raton, FL- 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/11/07 (561) 918-0029 <small>Daytime Phone #</small>	