

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-09-2007 90106 026 ***150.00

DOCUMENT # F03000005569

1. Entity Name
CAPITOL DEVELOPMENT, INC.



Principal Place of Business
**6600 W ROGERS CIRCLE STE #14
BOCA RATON, FL 33487**

Mailing Address
**6600 W ROGERS CIRCLE STE #14
BOCA RATON, FL 33487**

2. Principal Place of Business - No P.O. Box #
1801 Clint Moore Rd

Suite, Apt. #, etc.
217

City & State
Boca Raton, FL

Zip
33487

Country

3. Mailing Address

1801 Clint Moore Rd

Suite, Apt. #, etc.
217

City & State
Boca Raton, FL

Zip
33487

Country



04102007 Chg-P CR2E034 (12/06)

4. FEI Number
86-1088100

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BLOOM, ASHLEY
6600 W ROGERS CIRCLE STE #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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/11/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
PVT ☐ Delete
NAME
BLOOM, ASHLEY
STREET ADDRESS
6600 W ROGERS CIRCLE STE #14
CITY-ST-ZIP
BOCA RATON, FL 33487

TITLE
PVT ☒ Change ☐ Addition
NAME
BLOOM, ASHLEY
STREET ADDRESS
1801 Clint Moore Rd # 217
CITY-ST-ZIP
Boca Raton FL-33487

TITLE
D ☐ Delete
NAME
BLOOM, HOWARD
STREET ADDRESS
6600 W ROGERS CIRCLE STE #14
CITY-ST-ZIP
BOCA RATON, FL 33487

TITLE
D ☒ Change ☐ Addition
NAME
Bloom, Howard
STREET ADDRESS
1801 Clint Moore Rd # 217
CITY-ST-ZIP
Boca Raton FL-33487

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/07 (561) 912-0029

Date

Daytime Phone #