

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90170 045 ***150.00

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1. Entity Name
CAPITOL DEVELOPMENT, INC.



Principal Place of Business
1801 CLIENT MOORE RD
#217
BOCA RATON, FL 33487

Mailing Address
1801 CLIENT MOORE RD
#217
BOCA RATON, FL 33487

2. Principal Place of Business - No P.O. Box #
5301 N. Federal Hwy
Suite, Apt. #, etc.
#380
City & State
Boca Raton FL
Zip 33487 Country

3. Mailing Address
5301 N. Federal Hwy
Suite, Apt. #, etc.
#380
City & State
Boca Raton FL
Zip 33487 Country

00056700



02272008 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
1801 CLIENT MOORE RD #217
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
Name
Ashley Bloom
Street Address (P.O. Box Number is Not Acceptable)
5301 N. Federal Hwy #380
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]* *agent* DATE 3/25/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PVT	<input type="checkbox"/> Delete
NAME BLOOM, ASHLEY	
STREET ADDRESS 1801 CLINT MOORE RD #217	
CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE D	<input type="checkbox"/> Delete
NAME BLOOM, HOWARD	
STREET ADDRESS 1801 CLINT MOORE RD #217	
CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOOM, ASHLEY	
STREET ADDRESS 5301 N. Federal Hwy #380	
CITY-ST-ZIP Boca Raton FL-33487	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Howard Bloom	
STREET ADDRESS 5301 N. Federal Hwy #380	
CITY-ST-ZIP Boca Raton FL-33487	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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]* *agent* DATE 3/25/08 (561) 674-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR