


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000002543</b>	
1. Entity Name <b>CAPITAL FINANCIAL BANCORP, INC.</b>	

Principal Place of Business <b>1699 E. WOODFIELD RD., STE 500 SCHAUMBURG, IL 60173</b>	Mailing Address <b>1699 E. WOODFIELD RD., STE 500 SCHAUMBURG, IL 60173</b>
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**DO NOT WRITE IN THIS SPACE**



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-4118951</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DRYJA, EDWARD 1102 S.E. 17TH STREET CAPE CORAL, FL 33990</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000834525</b> <b>02/28/08-80056-004 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TARSITANO, TORY 1699 E. WOODFIELD RD., STE 500 SCHAUMBURG, IL 60173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO AUGUSTINE, BRIAN 1699 E. WOODFIELD RD., STE 500 SCHAUMBURG, IL 60173</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: <i>Brian Augustine</i>	<b>2-6-08</b>	<b>847 246 2442</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>