


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90060 022 ***150.00

DOCUMENT # G91980 1. Entity Name CAPITAL FACTORS, INC.					
Principal Place of Business 120 E PALMETTO PRK RD SUITE 500 BOCA RATON, FL 33432 US			Mailing Address 120 E PALMETTO PRK RD SUITE 500 BOCA RATON, FL 33432 US		
2. Principal Place of Business 1799 W Oakland Prk Blvd.		3. Mailing Address 1799 W. Oakland Prk Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Fort Lauderdale		City & State Fort Lauderdale		4. FEI Number 58-1565319	
Zip 33311		Country Broward		Applied For Not Applicable	
Zip 33311		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	T HENDRIQUES, ADOLFO 2800 PONCE DE LEON BLVD 15TH FLR CORAL GABLES, FL 33134 <input checked="" 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	D HOLTZ, JAVIER 2800 PONCE DE LEON BLVD 15TH FLR CORAL GABLES, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Holtz, Javier 120 E Palmetto Park Rd 5th floor Boca Raton FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LEVINE, MICHAEL 120 E PALMETTO PARK RD BOCA RATON, FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV Asst Secretary LEVINE, Michael 120 E Palmetto Park Rd, 5th floor Boca Raton FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JACKSON 7130 GOODLETT FARMS PKWY CORDOVA, TN 38018 <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	EV DONOHUE, STEPHEN J 1633 BROADWAY NEW YORK, NY 10019 <input checked="" 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	SVP/Controller Christina Chalkley 1799 W. Oakland Park Boulevard Fort Lauderdale FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christina Chalkley Christina Chalkley 3/24/05 (561)939-2043 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					