


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

06-16-2006 90103 042 ***150.00

DOCUMENT # H05332			
1. Entity Name CAPTIVE SALES AND MARKETING, INC.			
Principal Place of Business 11901 SAILBOAT DR COOPER CITY, FL 33026 US		Mailing Address 11901 SAILBOAT DR COOPER CITY, FL 33026 US	
2. Principal Place of Business		3. Mailing Address 5722 S. Flamingo Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Box # 388	
City & State		City & State Cooper City	
Zip	Country	Zip	Country
33330-3206	USA	33330-3206	USA
4. Name and Address of Current Registered Agent STROH, RICHARD 11901 SAILBOAT DR COOPER CITY, FL 33026		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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.		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE <i>Richard Stroh</i> Richard Stroh 6-11-06		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		10. 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	PD	TITLE	
NAME	STROH, RICHARD	NAME	
STREET ADDRESS	11901 SAILBOAT DR	STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY, FL 33026	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <i>Richard Stroh</i> Richard Stroh 6-11-06 954 6843851		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	