

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90053 001 \*\*\*150.00

**DOCUMENT # H70507**

1. Entity Name

CAPITAL REPORTING SERVICE, INC.



Principal Place of Business

888 SOUTH 3RD AVE  
STE. 500A  
FT LAUDERDALE FL 33316

Mailing Address

888 SOUTH 3RD AVE  
STE. 500A  
FT LAUDERDALE FL 33316

2. Principal Place of Business

888 SOUTH EAST 3RD AVE.

3. Mailing Address

888 SOUTH EAST 3RD AVENUE

Suite/Apt. #, etc.

500 A

Suite/Apt. #, etc.

500 A



MOORE

CR2E034 (11/03)

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

59-2561899

Applied For

Not Applicable

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TODD, RENEE  
11373 NW 49 DR  
CORAL SPGS FL 33076

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete

NAME ZABENY LOUIS  
STREET ADDRESS 11373 NW 49 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE SVP ☐ Delete

NAME TODD, RENEE  
STREET ADDRESS 11373 NW 49 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE S ☐ Delete

NAME SHIEB, LISA  
STREET ADDRESS 5582 NW 125 TERRACE  
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE T ☐ Delete

NAME TODD, SAMANTHA  
STREET ADDRESS 11373 NW 49 DR  
CITY-ST-ZIP CORAL SPRING FL 33076

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME ZABELNY, LOUIS  
STREET ADDRESS 11373 NW 49 DR  
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☒ Change ☐ Addition

NAME PRESIDENT  
TODD, RENEE  
STREET ADDRESS 11373 NW 49 DR  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE ☒ Change ☐ Addition

NAME SECRETARY  
SHIEB, LISA  
STREET ADDRESS 5577 NW 125 TERRACE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE ☒ Change ☐ Addition

NAME TREASURER  
TODD, SAMANTHA  
STREET ADDRESS 16700 CAMERON COURT, APT 103  
CITY-ST-ZIP DAVIE, FLORIDA 33324

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Renée Todd RENEE TODD 2/9/04 954-522-6401