

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90073 026 ***150.00

DOCUMENT # L68776

1. Entity Name
CAPITAL TECHNIQUES, INC.



Principal Place of Business **KARTOZ**

C/O NITZBERG, SHEILA
3330 BAYOU SOUND
LONG BOAT KEY, FL 34228 US

Mailing Address

C/O NITZBERG, SHEILA
3330 BAYOU SOUND
LONG BOAT KEY, FL 34228 US

24007825



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2445899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NITZBERG, SHEILA
3330 BAYOU SOUND
LONG BOAT KEY, FL 34228

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **PD**
NAME: **NITZBERG, SHEILA**
STREET ADDRESS: **3330 BAYOU SOUND**
CITY-ST-ZIP: **LONGBOAT KEY, FL**

TITLE
NAME: **NITZBERG, SHEILA**
STREET ADDRESS: **3330 BAYOU SOUND**
CITY-ST-ZIP: **LONGBOAT KEY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

1/29/04

Date

Daytime Phone #