

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90084 001 ***300.00

DOCUMENT # P01000018729

1. Entity Name
**MCWHITE CAPITAL & REAL ESTATE INVESTMENTS
CORPORATION**



Principal Place of Business
**3146 NW 68 STREET STE NO 1
FT LAUDERDALE, FL 33309**

Mailing Address
**3146 NW 68 STREET STE NO 1
FT LAUDERDALE, FL 33309**

66000169



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1081803

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLIFTON H RODRIQUEZ, CPA
3146 NW 68 STREET STE NO 1
FT LAUDERDALE, FL 33309**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCWHITE, ALBERT R
STREET ADDRESS	3501 W BROWARD BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	CEO
NAME	MCWHITE, ALBERT R
STREET ADDRESS	3501 W BROWARD BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	CSD
NAME	MCWHITE, ROBERTA
STREET ADDRESS	3501 W. BROWARD BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	BAEO
NAME	RODRIQUEZ, CLIFTON H
STREET ADDRESS	3146 NW 68 STREET STE NO 1
CITY-ST-ZIP	FT LAUDERDALE, FL 333091206
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: *Albert R. McWhite*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2005 (954) 584-0047
Date Daytime Phone #