


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90184 022 \*\*\*150.00

**DOCUMENT # P01000027113**

1. Entity Name  
**CAPITAL HOLDINGS GROUP, INC.**



Principal Place of Business      Mailing Address

1717 N. BAY SHORE DRIVE      4540 NW 98 AVE  
 #3541      MIAMI, FL 33178  
 MIAMI, FL 33132-1169



2. Principal Place of Business      3. Mailing Address

**550 NW 24 ST**      **550 NW 24 ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04292004      Chg-P      CR2E034 (10/03)

City & State      City & State

**MIAMI - FL**      **MIAMI - FL**

4. FEI Number      Applied For

**65-1090315**      Not Applicable

Zip      Country      Zip      Country

**33127**      **USA**      **33127**      **USA**

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

**6. Name and Address of Current Registered Agent**

**ABREU, RAMON**  
**1717 N. BAY SHORE DRIVE #3541**  
**MIAMI, FL 33132**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, RAMON	NAME	
STREET ADDRESS	1717N. BAY SHORE DRIVE #3541	STREET ADDRESS	<b>550 NW 24 ST</b>
CITY - ST - ZIP	MIAMI, FL 33132	CITY - ST - ZIP	<b>MIAMI - FL 33127</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 of the empowered.

SIGNATURE: \_\_\_\_\_ **Ramon Abreu**      **4/29/04**      **786 286 2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #