

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90083 034 ***150.00

DOCUMENT # P01000027113



1. Entity Name
CAPITAL HOLDINGS GROUP, INC.

Principal Place of Business
**4540 NW 98 AVE
MIAMI FL 33178**

Mailing Address
**4540 NW 98 AVE
MIAMI FL 33178**



2. Principal Place of Business
1717 N. BAY SHORE DRIVE

3. Mailing Address

Suite, Apt. #, etc.
3541

Suite, Apt. #, etc.

City & State
MIAMI - FLORIDA

City & State
1

4. FEI Number
65-1090315

Applied For
 Not Applicable

Zip
33132-1169

Country
USA

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABREU, RAMON
4540 NW 98 AVE
MIAMI FL 33178**

Name
ABREU RAMON

Street Address (P.O. Box Number is Not Acceptable)
1717 N. BAY SHORE DRIVE # 3541

City **MIAMI - FL.** FL Zip Code **33132**

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 *Ramon Abreu* **RAMON ABREU**

3/5/3

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME ABREU, RAMON	
STREET ADDRESS 9763 NW 48 TERRACE	
CITY-ST-ZIP MIAMI FL 33178	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME WAMSER, SONIA M	
STREET ADDRESS 3440 HOLLYWOOD BLVD., SUITE 360	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABREU, RAMON	
STREET ADDRESS 1717 N. BAY SHORE DRIVE # 3541	
CITY-ST-ZIP MIAMI - FL. 33132	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the same and am 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 the address, with all other like empowered.

SIGNATURE: *Ramon Abreu* **RAMON ABREU**

3/5/3

305-778-3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)