

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000070316

1. Entity Name
CAPITAL HOLDINGS MANAGEMENT GROUP, INC.



FILED

04 AUG 31 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
825 BRICKELL BAY DR.
TOWER 3, STE. 446
MIAMI, FL 33131

Mailing Address
825 BRICKELL BAY DR.
TOWER 3, STE. 446
MIAMI, FL 33131

2. Principal Place of Business
1155 Lake Shore Drive

3. Mailing Address
SAME

08192004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
#202

Suite, Apt. #, etc.

City & State
LAKE PARK, FL

City & State

4. FEI Number
81-0558778

Applied For
Not Applicable

Zip
33403

Country
PALM BEACH

Zip
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, JOSE
3611 SW 138 AVE
MIAMI, FL 33175

Name
Jose Alvarez

Street Address (P.O. Box Number is Not Acceptable)

1155 Lake Shore Drive #202

City LAKE PARK, FL FL 33403

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-19-04

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ALVAREZ, JOSE E
1155 Lake Shore Drive #202
LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
PUPO, HECTOR G
14875 SW 45 CT.
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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09/15/04--01032--007 **150.00

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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 #

8-19-04