

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000070316

1. Entity Name
CAPITAL HOLDINGS MANAGEMENT GROUP, INC.



FILED
05 MAR -2 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1155 LAKESHORE DRIVE
#202
LAKE PARK, FL 33403

Mailing Address
1155 LAKESHORE DRIVE
#202
LAKE PARK, FL 33403



2. Principal Place of Business
378 Northlake Blvd.

3. Mailing Address
378 Northlake Blvd.

Suite, Apt. #, etc.
#105

Suite, Apt. #, etc.
#105

03012005 Chg-P CR2E034 (10/03)

City & State
North Palm Beach, FL

City & State
North Palm Beach

4. FEI Number
81-0558778

Applied For
Not Applicable

Zip
33408

Country
US

Zip
33408

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
1155 LAKE SHORE DRIVE, #202
LAKE PARK, FL 33403

Name
Joey ALVAREZ

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

#105

City
North Palm Beach

FL

Zip Code
33408

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]

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

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 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
Joey Alvarez
378 Northlake Blvd #105
North Palm Beach, FL 33408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800047932718
03/08/05--01029--022 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JK