

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P02000073116

1. Entity Name
CAPITAL HOLDINGS, INC.



Principal Place of Business
5445 COLLINS AVENUE
CU-10
MIAMI BEACH, FL 33140

Mailing Address
5445 COLLINS AVENUE
CU-10
MIAMI BEACH, FL 33140



05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3699788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GONZALEZ, LEOPOLDO
5445 COLLINS AVENUE
CU-10
MIAMI BEACH, FL 33140

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

TITLE	P
NAME	GONZALEZ, LEOPOLDO
STREET ADDRESS	5445 COLLINS AVENUE, CU-10
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
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05/25/07-80085-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

5-4-07

Date

305-672-9616

Daytime Phone #