

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000076735

1. Entity Name

CAPITAL AUCTION CONSULTANTS, INC.



Principal Place of Business

1601 N. PALM AVE STE 310-C
PEMBROKE PINES FL 33026

Mailing Address

1601 N. PALM AVE STE 310-C
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

76-0706875

Applied For

Not Applicable

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

EISENBERG, DONALD L
1601 N. PALM AVE STE 310-C
PEMBROKE PINES FL 33026

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ZARITSKY, HAL G
STREET ADDRESS 128 N 16 TERR.
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP 000000420024
02/15/06-80027-022 150.00

TITLE TO ☐ Delete
NAME LOESDERG, MARIL
STREET ADDRESS 1905 BRENTWOOD RD. NE
CITY-ST-ZIP WASHINGTON DC 20018

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

TITLE AT ☐ Delete
NAME EISENBERG, DONALD L
STREET ADDRESS 1601 N. PALM AVE. 310C
CITY-ST-ZIP PEMBROKE PINES FL 33026

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donald L. Eisenberg 1/30/06 954-322-23