


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 76-0706875	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISENBERG, DONALD L 1601 N. PALM AVE STE 310-C PEMBROKE PINES FL 33026				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ZARITSKY, HAL G 128 N 16 TERR. FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	000000609620 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/01/07-80057-011 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD LOESDERG, MARIL 1905 BRENTWOOD RD. NE WASHINGTON DC 20018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	AT EISENBERG, DONALD L 1601 N. PALM AVE. 310C PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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1st MOORE CR2E034 (10/06)

4. FEI Number **76-0706875** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY ST ZIP
PD
ZARITSKY, HAL G
128 N 16 TERR.
FORT LAUDERDALE FL 33304

☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP
000000609620 ☐ Change ☐ Add
02/01/07-80057-011 150.00

TITLE
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CITY ST ZIP
TD
LOESDERG, MARIL
1905 BRENTWOOD RD. NE
WASHINGTON DC 20018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Add

TITLE
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CITY ST ZIP
AT
EISENBERG, DONALD L
1601 N. PALM AVE. 310C
PEMBROKE PINES FL 33026

☐ Delete

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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 A/TREAS DONALD L. EISENBERG 1/26/07 (954) 322-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #