

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/23/2004-90015-029-\$550.00-\$550.00

FILED  
04 OCT 11 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007111

1. Entity Name

CAPITAL COMMERCE CORP.



Principal Place of Business

1919-B E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060

Mailing Address

1919-B E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060

2. Principal Place of Business

2631 SE 14<sup>th</sup> ST

3. Mailing Address

2631 SE 14<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33062

Country

Broward

Zip

33062

Country

Broward

4. FEI Number

34-2019193

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

LESHIN, RANDALL L  
1921 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060

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)

8/4/07  
DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 PD ☐ Delete  
NAME ELIE, E C  
STREET ADDRESS 4010 E. ATLANTIC BLVD 2631 SE 14<sup>th</sup> ST  
CITY-ST-ZIP POMPANO BEACH FL 33060 Pompano Beach FL 33062

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/4/07