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Secretary of State

05-09-2005 90284 044 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000072724

1. Entity Name
CAPITAL MARKETS INVESTMENTS, INC.

14017293

05042005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2815 CAYENNE AVENUE COOPER CITY, FL 33026	2815 CAYENNE AVENUE COOPER CITY, FL 33026

2. Principal Place of Business	3. Mailing Address
10457 SW 56th St.	10457 SW 56th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Cooper City FL.	City & State: Cooper City FL.
Zip: 33328 Country: USA	Zip: 33328 Country: USA.

4. FEI Number: 73-1675495 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANZA, YSIDORO
2815 CAYENNE AVE
COOPER CITY, FL 33026

7. Name and Address of New Registered Agent

Name: Ysidoro Lanza
Street Address (P.O. Box Number is Not Acceptable): 10457 SW 56th st.
City: Cooper City FL Zip Code: 33328

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] 4-20-05
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
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP LANZA, FRANK J 2815 CAYENNE AVENUE COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANZA, FRANK J 2815 CAYENNE AVENUE COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4-20-05 954-252-9465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #