

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000079420

1. Entity Name
CAPITAL GAINS REAL ESTATE CONSULTANTS, INC.



Principal Place of Business
**8002 FLAGLER COURT
WEST PALM BEACH, FL 33405**

Mailing Address
**8002 FLAGLER COURT
WEST PALM BEACH, FL 33405**



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0478952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMICO, ROY T
8002 FLAGLER COURT
WEST PALM BEACH, FL 33405**

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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 reappointing)

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	VD
NAME	PLANTE, TOM
STREET ADDRESS	1200 SOUTH FLAGLER DR., STE. 502
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	PD
NAME	AMICO, ROY T
STREET ADDRESS	8002 FLAGLER COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	STD
NAME	AMICO, ARMAND
STREET ADDRESS	745 SIESTA KEY CIRCLE, APT. 1522
CITY-ST-ZIP	DEERFIELD BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/07-80043-021 150.00

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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

Date

Daytime Phone #