2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State
08-22-2005 90061 029 ***150.00

DOCUMENT # P03000087898

1. Entity Name
STANFORD CAPITAL, INC.

Principal Place of Business	Mailing Address
1817 SO. OEAN DR 317 HALLANDALE BEACH, FL 33009 US	1817 SO. OEAN DR 317 HALLANDALE BEACH, FL 33009 US

08172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
17021 No. BAY RD	17021 No. BAY RD.
Suite, Apt. #, etc: # 822	Suite, Apt. #, etc: #822
City & State: SUNNY ISLES BEACH, FL	City & State: SUNNY ISLES BEACH, FL
Zip: 33160 Country:	Zip: 33160 Country:

4. FEI Number: 20-0149019 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELKAYAM, NOAM
~~1817 SO. OCEAN DR~~
~~#317~~
~~HALLANDALE BEACH, FL 33009~~

7. Name and Address of New Registered Agent

Name: NOAM ELKAYAM
Street Address (P.O. Box Number is Not Acceptable): 17021 No. BAY RD. #822
City: SUNNY ISLES BEACH FL Zip Code: 33160

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: X [signature] NOAM ELKAYAM 8/17/05
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 11		
TITLE	PDS	☐ Delete	TITLE	PDS	☒ Change ☐ Addition
NAME	ELKAYAM, NOAM		NAME	ELKAYAM, NOAM	
STREET ADDRESS	~~1817 SO OCEAN DR. APT. 317~~		STREET ADDRESS	17021 No. BAY RD #822	
CITY-ST-ZIP	~~HALLANDALE BEACH, FL 33009~~		CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X [signature] NOAM ELKAYAM, 8/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
P03000087898
S00062672

DUE TO A CHANGE OF ADDRESS, WE DID NOT RECEIVE ANY NOTICES TO FILE THE 2005 UNIFORM BUSINESS REPORT. PLEASE ACCEPT THIS AS A TIMELY FILING. ENCLOSED IS OUR CHECK FOR 150.00 TO COVER FOR THIS FILING.

X _____

PRES. - STANFORD CAPITAL, INC