


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90344 044 ***150.00

DOCUMENT # P03000096359

1. Entity Name
CAPITAL GROWTH INVESTMENTS, INC.




Principal Place of Business
6299 W SUNRISE BLVD #215
SUNRISE, FL 33313

Mailing Address
P.O. BOX 15337
PLANTATION, FL 33318

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0195883

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

6. Name and Address of Current Registered Agent

MCKENZIE, ALDENE A
7632 NW 5TH STREET
4C
PLANTATION, FL 33318

7. Name and Address of New Registered Agent


Name **Aldene A Mckenzie**

Street Address (P.O. Box Number is Not Acceptable)
1991 NW 74th Ave

Sunrise, FL

City **FL** Zip Code **33313**

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:  DATE: **4/22/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC/D/T/S	<input type="checkbox"/> Delete
NAME	MCKENZIE, ALDENE A	
STREET ADDRESS	P.O. BOX 15337	
CITY-ST-ZIP	PLANTATION, FL 33318	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, BASIL T.	
STREET ADDRESS	P.O. BOX 15337	
CITY-ST-ZIP	PLANTATION, FL 33318	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: 