2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# P03000103698

Entity Name: CAPITAL RECOVERY SYSTEMS, INC.

Current Principal Place of Business:

9130 S DADELAND BLVD
SUITE 1528
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9130 S DADELAND BLVD
SUITE 1528
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-0263711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITTMAN, ERIC P
7695 SW 104TH ST
SUITE 210
MIAMI, FL 33156

Name and Address of New Registered Agent:

ZAGORSKI, JOSEPH B
9130 S. DADELAND BLVD
SUITE 1528
MIAMI, FL 33156

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.

SIGNATURE: JOSEPH B. ZAGORSKI 01/22/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ZAGORSKI, JOSEPH
Address: 9130 S DADELAND BLVD SUITE 1528
City-St-Zip: MIAMI, FL 33156

Title: STD ( ) Delete
Name: FERNANDEZ, MARTHA
Address: 9130 S DADELAND BLVD SUITE 1528
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ZAGORSKI, JOSEPH B MD
Address: 9130 S DADELAND BLVD SUITE 1528
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH B. ZAGORSKI, MD PD 01/22/2004
Electronic Signature of Signing Officer or Director Date