

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90165 009 ***150.00

DOCUMENT # P03000130344

1. Entity Name

FORBES CAPITAL GROUP INC.



Principal Place of Business

1331 NW 87TH STREET
MIAMI FL 33147

Mailing Address

1331 NW 87TH STREET
MIAMI FL 33147

2. Principal Place of Business

20801 Biscayne Blvd

3. Mailing Address

20801 Biscayne Blvd

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

403

City & State

Aventura FL

City & State

Aventura FL

Zip

33180

Country

USA

Zip

33180

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

11-3708715

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, JAMES SR.
1331 NW 87TH STREET
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name

James David Washington

Street Address (P.O. Box Number is Not Acceptable)

Forbes Capital Group, INC

20801 Biscayne Blvd suite 403

City

Aventura

FL

Zip Code

33180

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 reinstating)

DATE

4/21/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, JAMES SR.	
STREET ADDRESS	1331 NW 87TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	

TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, JAMES DAVID	
STREET ADDRESS	1331 NW 87TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	

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		

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	P.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES DAVID WASHINGTON	
STREET ADDRESS	16711 Collins Ave #1608	
CITY-ST-ZIP	Sunny Isles Beach FL 33160	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS	Yolanda B. Washington	
CITY-ST-ZIP	16711 Collins Ave #1608	
	Sunny Isles Beach FL 33160	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	Yolanda B. Washington	
CITY-ST-ZIP	16711 Collins Ave #1608	
	Sunny Isles Beach FL 33160	

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

[Signature]

James David Washington

305 792-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #