2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000032965

1. Entity Name
Capital Corporation Acquisitions, Inc

Principal Place of Business
244 Shopping Blvd
Suite #370
Sarasota, FL 34234

Mailing Address
244 Shopping Blvd
Suite #370
Sarasota, FL 34234

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
City & State
Suite Apt. # etc.
Zip
Country
Zip
Country

1st MOORE CR2E034 (10/06)

4. FEI Number
32-0318447
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Terry James
244 Shopping Blvd
Suite #370
Sarasota, FL 34234

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Signature required when name of registered agent is being changed.

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete Terry James 244 Shopping Blvd Ste 370 Sarasota, FL 34234	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ☐ Delete Ana Diaz 244 Shopping Blvd Ste 370 Sarasota, FL 34234	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☐ Delete Alex Ramos 244 Shopping Blvd Ste 370 Sarasota, FL 34234	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 added, in an officer or director with an address, with all other like empowered.

SIGNATURE: Terry James Terry James 02/12/07 941-362-8112
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #