

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90099 040 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000119200 1. Entity Name FOCUS CAPITAL, INC.					
Principal Place of Business 664 WYNDHAM COURT ORANGE PARK, FL 32073			Mailing Address 664 WYNDHAM COURT ORANGE PARK, FL 32073		
2. Principal Place of Business <i>One S. School Ave</i> Suite, Apt. #, etc. 501 SARASOTA FL 34237 City & State		3. Mailing Address <i>One S. School Ave</i> Suite, Apt. #, etc. 501 SARASOTA FL 34237 City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1623609	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CUSANO, DAVID A 664 WYNDHAM COURT ORANGE PARK, FL 32073			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: <i>[Signature]</i> (NOTE: Registered Agent signature required when re-registering) DATE:					
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CUSANO, DAVID A		NAME		
STREET ADDRESS	664 WYNDHAM COURT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DAVID CUSANO A		NAME		
STREET ADDRESS	One S. School Ave		STREET ADDRESS		
CITY-ST-ZIP	501 SARASOTA FL 34237		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 exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR			Date: <i>4/14/06</i> Daytime Phone #		

20032685



04132006 Chg-P CR2E034 (11/05)