2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119646

Entity Name: CAPITAL MARKETS FINANCIAL SERVICES, INC

FILED Jan 06, 2005 Secretary of State

LINKY NAME: CAPITAL MARKETS FINANCIAL SERVICES, INC.				
Current Principal Place of Business:		New Principal Place of Business:		
7345 GLENEAGLE DR. MIAMI LAKES, FL 33014		8100 OAK LANE SUITE 300 MIAMI LAKES, FL 33016		
Current Mailing Address:		New Mailing Address:		
7345 GLENEAGLE DR. MIAMI LAKES, FL 33014		8100 OAK LANE SUITE 300 MIAMI LAKES, FL 33016		
FEI Number: 20-1581522	FEI Number Applied For () FEI Nur	nber Not Appli	icable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US				
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:				
Electro	onic Signature of Registered Agent	Date		
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: (Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	PRES () Change (X) Addition FARAH, EDWARD 8100 OAK LANE MIAMI LAKES, FL 33016	
Title: (Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	TREA () Change (X) Addition HALL, RONALD M 8100 OAK LANE MIAMI LAKES, FL 33016	
Title: (Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition QUESADA, GUSTAVO G 8100 OAK LANE MIAMI LAKES, FL 33016	

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: EDWARD FARAH PRES 01/06/2005