


**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P05000118970					
1. Entity Name <b>FIRST CAPITOL DEVELOPERS, INC.</b>					
Principal Place of Business <b>14470 SW 156 AVE.          MIAMI, FL 33196</b>			Mailing Address <b>14470 SW 156 AVE.          MIAMI, FL 33196</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip                      Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip                      Country		
6. Name and Address of Current Registered Agent					
<b>PLASENCIA, RAUL JR</b> <b>14470 SW 156 AVE.</b> <b>MIAMI, FL 33196</b>					Name
					Street Address
					City
					State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS					
TITLE	PST	<input type="checkbox"/> Delete	TITLE		
NAME	PLASENCIA, RAUL		NAME		
STREET ADDRESS	14470 SW 156 AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33196		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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 this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Raul Plascencia</i></u> <b>RAUL PLASENCIA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					