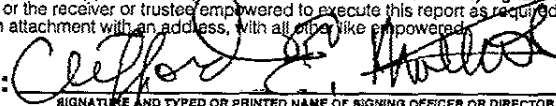


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr. 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P34184 1. Entity Name SHIELDS CAPITAL CORPORATION			
Principal Place of Business 140 BROADWAY 44TH FLR NEW YORK, NY 10005		Mailing Address 140 BROADWAY 44TH FLR NEW YORK, NY 10005	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent LINDENBAUM, PHILIP 2900 SOUTH TAMiami TRAIL SARASOTA, FL 34239			
		04202004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 13-3125594	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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.		DO NOT WRITE IN THIS SPACE	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIELDS, DAVID V. 131 E. 69TH STREET NEW YORK, NY		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHIELDS, JOSEPH V. 152 WHEATLEY ROAD BROOKVILLE, NY		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCARPA, RAPLH 944 MAPLE AVE RIDGEFIELD, NJ 07657		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUGHES, JOHN P 2 MATTHEW PL MAHWAH, NJ 07430		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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: 		Controller 4/28/04 212-320-3025	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	