

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2008 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



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3125594

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLEVE, KEVIN V
2900 SOUTH TAMiami TRAIL
SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHIELDS, DAVID V.
STREET ADDRESS	131 E. 69TH STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	CD
NAME	SHIELDS, JOSEPH V.
STREET ADDRESS	152 WHEATLEY ROAD
CITY-ST-ZIP	BROOKVILLE, NY
TITLE	PD
NAME	SCARPA, RAPLH
STREET ADDRESS	944 MAPLE AVE
CITY-ST-ZIP	RIDGEFIELD, NJ 07657
TITLE	CD
NAME	MEYER, CHRISTOPHER
STREET ADDRESS	1881 SCHERMERHORN ST
CITY-ST-ZIP	MERRICK, NY 11566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/08-80026-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08 212-320-3026