

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90319 045 \*\*\*150.00

**DOCUMENT # P93000047505**

1. Entity Name  
CAPITAL TRANSFER CORPORATION



Principal Place of Business  
2050 E. OAKLAND PARK BLVD.  
#209  
FT. LAUDERDALE, FL 33306

Mailing Address  
2050 E. OAKLAND PARK BLVD.  
#209  
FT. LAUDERDALE, FL 33306



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
65-0430526

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'DONNELL, MICHAEL A  
2050 E. OAKLAND PARK BLVD  
SUITE 209  
FORT LAUDERDALE, FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

25 SARANAC RD.

SEA RANCH LAKES

FL

Zip Code  
33308

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 reissuing)

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 PSTD ☐ Delete  
NAME O'DONNELL, MICHAEL A  
STREET ADDRESS 2050 E. OAKLAND PARK BLVD., STE 209  
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE P/S/T/D ☒ Change ☐ Addition  
NAME O'DONNELL, MICHAEL A.  
STREET ADDRESS P.O. BOX 11852  
CITY-ST-ZIP FORT LAUDERDALE, FL 33339

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #