

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


04 AUG 25 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54069059



08182004 Chg-P CR2E034 (10/03)

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P95000007749</b>  |  |    |   |
| 1. Entity Name<br>INFINITI CAPITAL BANKERS CORP.  |  |   |   |
| Principal Place of Business<br>7955 CORAL WAY<br>MIAMI, FL 33155  |  | Mailing Address<br>7955 CORAL WAY<br>MIAMI, FL 33155  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 4. FEI Number<br>65-0561185   |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |  |   |   |
| 6. Name and Address of Current Registered Agent<br><br>HERRERA, GRACE<br>7955 CORAL WAY<br>MIAMI, FL 33155  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code  |   |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)<br>Signature, typed or printed name of registered agent and title if applicable. DATE  |  |   |   |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 8, 2004   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PVST<br>HERRERA, GRACE<br>6440 SW 117 AVE<br>MIAMI, FL 33155 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Grace Herrera</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date: <i>18/04</i><br>Daytime Phone #: <i>305-389-8202</i>  |   |