

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90025 003 ***150.00

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1. Entity Name
CAPSTONE INDUSTRIES, INC.



Principal Place of Business
**350 JIM MORAN BLVD.
120
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**350 JIM MORAN BLVD.
120
DEERFIELD BEACH, FL 33442 US**

40049948



DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0669702

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACH, STEWART
350 JIM MORAN BLVD
120
DEERFIELD BEACH, FL 33442**

**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 ☐
NAME **WALLACH, STEWART**
STREET ADDRESS **350 JIM MORAN BLVD, SUITE 120**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐
NAME **MCCLINTON, JAMES G**
STREET ADDRESS **350 JIM MORAN BLVD, SUITE 120**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐
NAME **ULLMAN, HOWARD**
STREET ADDRESS **350 JIM MORAN BLVD, SUITE 120**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐
NAME **GOLDSTEIN, REID**
STREET ADDRESS **350 JIM MORAN BLVD, SUITE 120**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

954 570-8889