FILED
Apr 04, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000102621

1. Entity Name
REAL ESTATE CAPITAL PARTNERS, INC.

Principal Place of Business	Mailing Address
1950 S OCEAN DR SUITE 4P HALLANDALE, FL 33009	8181 W. BROWARD BLVD STE 255 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

03302005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0719333
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, KEITH CPA
8181 W BROWARD BLVD STE 255
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	LAX, JEFFREY M
STREET ADDRESS	1950 S OCEAN DR, SUITE 4P
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	LAX, JEFFREY
STREET ADDRESS	1950 S OCEAN DR, SUITE 4P
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ 3/31/05 954 522-3818
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jeffrey LAX, PRESIDENT