

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90030 024 ***150.00

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1. Entity Name
REAL ESTATE CAPITAL PARTNERS, INC.



Principal Place of Business
~~4950 S OCEAN DR~~ **4000 West Island Blvd**
~~SUITE 4P~~
~~HALLANDALE, FL 33009~~
AVENUE, Fl. 33140

Mailing Address
8181 W. BROWARD BLVD
STE 255
PLANTATION, FL 33324

40038753



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____ (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	PVST
NAME	LAX, JEFFREY M
STREET ADDRESS	4050 S OCEAN DR, SUITE 4P 1505 W. 23rd Street
CITY-ST-ZIP	HALLANDALE, FL 33009 Miami Bch, Fl. 33140
TITLE	D
NAME	LAX, JEFFREY
STREET ADDRESS	4050 S OCEAN DR, SUITE 4P 1505 W. 23rd Street
CITY-ST-ZIP	HALLANDALE, FL 33009 Miami Bch, Fl. 33140
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

2/27/08 (305)
Date Daytime Phone #