

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90048 049 ***150.00

DOCUMENT # P98000047980

1. Entity Name
FIRST FIDELITY CAPITAL MARKETS INC.



Principal Place of Business

**10463 STONEBRIDGE BOULEVARD
BOCA RATON, FL 33498-6419**

Mailing Address

**10463 STONEBRIDGE BOULEVARD
BOCA RATON, FL 33498-6419**

DO NOT WRITE IN THIS SPACE



03272005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0842067

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**NINOS, CHRISTOPHER M CPA
1600 S DIXIE HWY
SUITE #503
BOCA RATON, FL 33432**

**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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACOBS, ELLIOT
10463 STONERIDGE BOULEVARD
BOCA RATON, FL 334986419**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JACOBS, ELLIOT
10463 STONEBRIDGE BOULEVARD
BOCA RATON, FL 334986419**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JACOBS, ELLIOT
10463 STONEBRIDGE BOULEVARD
BOCA RATON, FL 334986419**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JACOBS, ELLIOT
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BOCA RATON, FL 334986419**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**S
JACOBS, ELLIOT
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BOCA RATON, FL 334986419**

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 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: **ELLIOT JACOBS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-28-05 (561) 558-0230

Daytime Phone #