


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000016818 1. Entity Name FIRST CAMBRIDGE CAPITAL INC.	
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Principal Place of Business 7955 AIRPORT ROAD NORTH SUITE 101 NAPLES, FL 34109	Mailing Address 7955 AIRPORT ROAD NORTH SUITE 101 NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE

02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3669902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FAGA, ANTONIO
7955 AIRPORT ROAD NORTH
SUITE 101
NAPLES, FL 34109**

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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 O'LOUGHLIN, LIAM PATRICK 4535 WEST 1ST AVENUE VANCOUVER, B.C., CA v6r 1h7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'LOUGHLIN, PATRICK JOSEPH 4535 WEST 1ST AVENUE VANCOUVER, B.C., CA v6r 1h7
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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)(f), 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: PATRICK J. O'LOUGHLIN 70311/15 239-597-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #