2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

07 MAR -6 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071646

1. Entity Name
1ST CAPITAL FINANCE INC.

Principal Place of Business
129 N FEDERAL HWY
SUITE 201 B
LAKE WORTH FL 33460

Mailing Address
13833 WELLINGTON TRACE
E4 #206
WEST PALM BEACH FL 33414-8901

2/19/07 90195 028 #350

1st MOORE CR2E034 (10/06)

2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0940280 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PALM BEACH COMMERCIAL
129 N FEDERAL HWY
#201 B
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S1J TRUST 13833 WELLINGTON TRACE E4 #206 WEST PALM BEACH FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 2-7-07 561-533-7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mar-06-07 06:14A 561 795 9825 P.03