

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90028 031 ***150.00

DOCUMENT # P99000086201

1. Entity Name

CAPITAL GROWTH SYSTEMS, INC.



Principal Place of Business

980 N MICHIGAN
1120
CHICAGO, IL 60611

Mailing Address

980 N MICHIGAN
1120
CHICAGO, IL 60611



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0953505

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES INC
526 E PARK AVENUE
TALLAHASSEE, FL 32301

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	WISKOWSKI, LEE
STREET ADDRESS	980 N MICHIGAN
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	DIRECTOR
NAME	DOUGLAS STUKEL
STREET ADDRESS	1100 E WOODFIELD RD - #100
CITY-ST-ZIP	SCHAUMBURG, IL 60173
TITLE	DIRECTOR
NAME	ROBERT T. GERAS
STREET ADDRESS	1100 E WOODFIELD RD - #100
CITY-ST-ZIP	SCHAUMBURG, IL 60173
TITLE	DIRECTOR
NAME	RORY HERRIMAN
STREET ADDRESS	1100 E WOODFIELD RD - #100
CITY-ST-ZIP	SCHAUMBURG, IL 60173
TITLE	DIRECTOR
NAME	SCOTT ALLEN
STREET ADDRESS	1100 E WOODFIELD RD - #100
CITY-ST-ZIP	SCHAUMBURG, IL 60173
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/04 312 640 2975