

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S85026</b>	
1. Entity Name CAPITAL PLANNING EQUITY CORP.	
Principal Place of Business 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUNRISE, FL 33323 — US	Mailing Address 1560 SAWGRASS CORPORATE PARKWAY SUITE 465 SUNRISE, FL 33323



**DO NOT WRITE IN THIS SPACE**

05132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0316369	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required

**6. Name and Address of Current Registered Agent**

HAYMON, STEVEN  
12655 NW 17TH PLACE  
CORAL SPRINGS, FL 33071

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	HAYMON, ANN MARIE
STREET ADDRESS	12655 NW 17TH PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	PM
NAME	HAYMON, STEVEN
STREET ADDRESS	12655 NW 17TH PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000367421  
05/17/05-80003-010 158.75

**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 #