## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # V08781 1. Entity Name CAPITAL FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 3785 NW 82 AVE #217 3785 NW 82 AVE #217 MIAMI, FL 33166 US MIAMI, FL 33166 US 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0308250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUNILL, ARMANDO DO NOT WRITE 3785 NW 82 AVE #217 MIAMI, FL 33166 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) **\$5.00** May Be 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS mle NAME CUNILL, ARMANDO 3785 NW 82 AVE 217 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME 04/27/05-80020-021 15D.00 STREET ADDRESS ⊈ार-ज-ZiP TITLE NUME STEET ADDRESS DO NOT WRITE CITY-ST. ZIP mL IN THIS SPACE NAME STREET ADDRESS CTY-ST-ZIP TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

**FILED**