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

## Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90315 005 \*\*\*158.75 DOCUMENT # P98000024420 1. Entity Name ACCESS CAPITAL INVESTMENT GROUP, INC. ~~~~£6 Principal Place of Business Mailing Address **1644 TYLER STREET** PO BOX 218 DANIA, FL 33004 **SUITE B** HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address Suite Ant. #. etc. Suite, Apt. #, etc. CR2E034 (10/03) 04162005 Chg-P Applied For City & State City & State 4. FEI Number 65-0931807 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REEVES, ALFRED 1000 S.W. 11th Avenue 81dg. E, #7 Street Address (P.O. Box Number is Not Acceptable) #604 City Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this states the obligations of registered/agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HUTCHESON, JEFFREY T NAME NAME 1644 TYLER STREET SUITE B STREET ADDRESS STREE! ADDRESS HOLLYWOOD, FL 33020 CITY-ST-78 CITY-ST-ZIP ☐ Addition ☐ Delete ШЕ TITLE NAME REEVES, ALFRED NAME 1000 S.W. 11th Are Bld E 1815 N. CURF RD. #604 STREET ADDRESS STREET ADDRESS 33009 CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS

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 received 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 1.

CITY-ST-ZIP

SIGNATURE:

**FILED**