


**2008 FOR PROFIT CORPORATION .
ANNUAL REPORT**

FILED
Jun 12, 2008 8:00 am
Secretary of State


06-12-2008 90002 008 ***150.00

DOCUMENT # J44888 1. Entity Name CAPITAL ABSTRACT AND TITLE OF CORAL SPRINGS, INCORPORATED	
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Principal Place of Business 10115 W SAMPLE ROAD SUITE 210 CORAL SPRINGS, FL 33065 US	Mailing Address 10115 W SAMPLE ROAD SUITE 210 CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE

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05302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2780789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDEL, PAUL D
10115 W SAMPLE ROAD
CORAL SPRINGS, FL 33065

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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 \$550.00
Due by September 12, 2008**

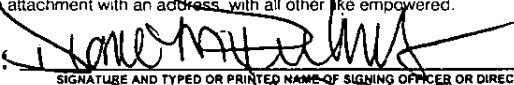
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MANDEL, PAUL D 10115 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV PERKINS, DIANE M 10115 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 the empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANE M. PERKINS

Date: **5/30/2008** Daytime Phone #: **954-344-8420**