

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 345897

1. Entity Name
CAPITAL ASSURANCE SERVICES, INC.



Principal Place of Business
**2333 PONCE DE LEON BLVD
#300
CORAL GABLES, FL 33134 US**

Mailing Address
**P.O. BOX 149061
CORAL GABLES, FL 33114-9061**



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0582259

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL, JOHN D
2333 PONCE DE LEON BLVD
#300
CORAL GABLES, FL 33134**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	JORMA, POYHONEN
STREET ADDRESS	2333 PONCE DE LEON BLVD #300
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TSV
NAME	RODRIGUEZ, MARTHA
STREET ADDRESS	2333 PONCE DE LEON BLVD #300
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DP
NAME	MARSHALL, JOHN D.
STREET ADDRESS	2333 PONCE DE LEON BLVD #300
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	LOPEZ, MERCEDES
STREET ADDRESS	2333 PONCE DE LEON BLVD #300
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	WENNERKLINT, RICARD
STREET ADDRESS	2333 PONCE DE LEON BLV STE 300
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/08-80042-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Rodriguez 4/15/08

Date

Daytime Phone #

305-461-7400

EX-7301