

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box # 7901 4TH STREET NORTH Suite, Apt. #, etc. SUITE 203 City & State ST. PETERSBURG, FL Zip 33702		3. Mailing Address 7901 4TH STREET NORTH Suite, Apt. #, etc. SUITE 203 City & State ST. PETERSBURG, FL Zip 33702			
Country USA		Country USA		4. FEI Number 59-0582259	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARSHALL, JOHN D 2333 PONCE DE LEON BLVD #300 CORAL GABLES, FL 33134					
7. Name and Address of New Registered Agent Name THOMAS J. BALKAN Street Address (P.O. Box Number is Not Acceptable) 7901 4TH STREET NORTH SUITE 203 City ST. PETERSBURG					
State FL					
Zip Code 33702					
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 <u>Thomas J. Balkan</u> <u>Thomas J. Balkan</u> <u>11/10/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE VD	☒ Delete				
NAME JORMA, POYHONEN					
STREET ADDRESS 2333 PONCE DE LEON BLVD #300					
CITY-ST-ZIP CORAL GABLES, FL 33134					
TITLE TSV	☒ Delete				
NAME RODRIGUEZ, MARTHA					
STREET ADDRESS 2333 PONCE DE LEON BLVD #300					
CITY-ST-ZIP CORAL GABLES, FL 33134					
TITLE DP	☒ Delete				
NAME MARSHALL, JOHN D.					
STREET ADDRESS 2333 PONCE DE LEON BLVD #300					
CITY-ST-ZIP CORAL GABLES, FL 33134					
TITLE S	☒ Delete				
NAME LOPEZ, MERCEDES					
STREET ADDRESS 2333 PONCE DE LEON BLVD #300					
CITY-ST-ZIP CORAL GABLES, FL 33134					
TITLE D	☒ Delete				
NAME WENNERKLINT, RICARD					
STREET ADDRESS 2333 PONCE DE LEON BLV STE 300					
CITY-ST-ZIP MIAMI, FL 33134					
TITLE S	☐ Delete				
NAME THOMAS J. BALKAN					
STREET ADDRESS 7901 4TH STREET NORTH, STE. 203					
CITY-ST-ZIP ST. PETERSBURG, FL 33702					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE CEO/D	☐ Change ☒ Addition				
NAME KARL J. WALL					
STREET ADDRESS 7901 4TH STREET NORTH, STE 203					
CITY-ST-ZIP ST. PETERSBURG, FL 33702					
TITLE PIT/D	☐ Change ☒ Addition				
NAME ROBERT CARLSON					
STREET ADDRESS 200 METRO CENTER BLVD., UNIT #8					
CITY-ST-ZIP WARWICK, RI 02886					
TITLE VID	☐ Change ☒ Addition				
NAME DEBBIE HARAN					
STREET ADDRESS 7901 4TH STREET NORTH, STE. 203					
CITY-ST-ZIP ST. PETERSBURG, FL 33702					
TITLE VID	☐ Change ☒ Addition				
NAME ANDREA GIANNETTA					
STREET ADDRESS 200 METRO CENTER BLVD, UNIT #8					
CITY-ST-ZIP WARWICK, RI 02886					
TITLE VID	☐ Change ☒ Addition				
NAME JAMES GRAJEWSKI					
STREET ADDRESS 7901 4TH STREET NORTH, STE. 203					
CITY-ST-ZIP ST. PETERSBURG, FL 33702					
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: <u>Thomas J. Balkan</u> <u>Thomas J. Balkan</u> <u>11/10/08</u> <u>727-576-1632</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X 208					

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