


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 582277**  
1. Entity Name  
**CAPITAL ASSURANCE COMPANY, INC.**



Principal Place of Business      Mailing Address  
2333 PONCE DE LEON BLVD #300      P.O. BOX 149061  
CORAL GABLES, FL 33134      CORAL GABLES, FL 33114-9061 US



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1847174**      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 GABLE, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000346117  
04/30/05-80062-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	CVD
NAME	BERTH MAAS
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300
CITY-ST-ZIP	CORAL GABLES, FL 33114
TITLE	TSDV
NAME	RODRIGUEZ, MARTHA
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300
CITY-ST-ZIP	CORAL GABLES, FL 33114
TITLE	DP
NAME	MARSHALL, JOHN D
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300
CITY-ST-ZIP	CORAL GABLES, FL 33114
TITLE	D
NAME	GORDON, NANCY P.
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300
CITY-ST-ZIP	CORAL GABLES, FL 33114
TITLE	D
NAME	BERGENSTJERNA, JOHAN
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

**DO NOT WRITE IN THIS SPACE**

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 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: Martha Rodriguez      Date: 4/18/05      Daytime Phone #: (305)461-7400