

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

<b>DOCUMENT # 582277</b> 1. Entity Name CAPITAL ASSURANCE COMPANY, INC.	
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Principal Place of Business 2333 PONCE DE LEON BLVD #300 CORAL GABLES, FL 33134	Mailing Address P.O. BOX 149061 CORAL GABLES, FL 33114-9061 US
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1847174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000009093394 05/06/08 20060 020 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POYHONEN, JORMA 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSDV RODRIGUEZ, MARTHA 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSHALL, JOHN D 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, NANCY P. 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENNERKLINT, RICHARD 2333 PONCE DE LEON BLVD STE 300 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, MERCEDES 2333 PONCE DE LEON BLVD. #300 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 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 the like empowered.

SIGNATURE: Martha Rodriguez Date: 4/15/08 Daytime Phone: 305-461-7400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ext. 7301*