

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 582277

1. Entity Name
CAPITAL ASSURANCE COMPANY, INC.



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**



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

U00000909394
05/06/08 20060 020 150.00

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 other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Martha Rodriguez 4/15/08 305-461-7400
ext. 7301