

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90158 015 \*\*\*150.00

<b>DOCUMENT # P05000022685</b>					
<b>1. Entity Name</b> CAPITAL INVESTMENT SERVICES INTERNATIONAL HOLDING CORPORATION					
<b>Principal Place of Business</b> 2121 PONCE DE LEON BLVD 340 CORAL GABLES, FL 33134			<b>Mailing Address</b> 2121 PONCE DE LEON BLVD 340 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b> 145 Almeria		<b>3. Mailing Address</b> 145 Almeria		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables, FL		<b>4. FEI Number</b> 20-2614108	
Zip 33134		Country U.S.A.		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ESCOBIO, SUSAN 2121 PONCE DE LEON BLVD 304 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P ESCOBIO, ROBERT 2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SEC ESCOBIO, SUSAN 2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> Susan Escobio		4/16/07		305 446 4800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	