

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90021 031 ***150.00

DOCUMENT # P05000022685

1. Entity Name
CAPITAL INVESTMENT SERVICES INTERNATIONAL HOLDING CORPORATION



Principal Place of Business Mailing Address
145 ALMERIA **145 ALMERIA**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
145 Almeria Avenue **145 Almeria Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coral Gables, FL **Coral Gables, FL**
 Zip Country Zip Country
33134 **USA** **33134** **USA**



01032008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
ESCOBIO, SUSAN
2121 PONCE DE LEON BLVD
304
CORAL GABLES, FL 33134

4. FEI Number Applied For
20-2614108 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **Escobio, Susan**
 Street Address (P.O. Box Number is Not Acceptable)
145 Almeria Avenue
 City **Coral Gables** FL Zip Code **33134**

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: *Susan Escobio* DATE: **1-25-08**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ESCOBIO, ROBERT STREET ADDRESS 2121 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE P NAME Escobio, Robert STREET ADDRESS 145 Almeria Avenue CITY-ST-ZIP Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME ESCOBIO, SUSAN STREET ADDRESS 2121 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE SEC NAME Escobio, Susan STREET ADDRESS 145 Almeria Avenue CITY-ST-ZIP Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan Escobio* Date: **1/25/08** Daytime Phone #: **305 446 4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #