2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# P05000088290

Entity Name: CAPITAL TITLE SOLUTIONS, INC.

Current Principal Place of Business:

14100 PALMETTO FRONTAGE RD., SUITE 300
MIAMI, FL 33016

New Principal Place of Business:

Current Mailing Address:

14100 PALMETTO FRONTAGE RD., SUITE 300
MIAMI, FL 33016

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAGLES, SYLVIA M
14100 PALMETTO FRONTAGE RD., SUITE 300
MIAMI, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ZAGLES, SYLVIA M
Address: 15526 NW 83 AVEFRONTAGE RD., SUITE 300
City-St-Zip: MIAMI, FL 33016

Title: DTS ( ) Delete
Name: GONZALEZ, ORLANDO
Address: 19111 COLLINS AVE, #2604
City-St-Zip: SUNNY ISLES, FL 33160

Title: DV ( ) Delete
Name: ROMERO, ARMANDO
Address: 13305 BISCAYNE BAY DR
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA M. ZAGALES DP 04/06/2006

Electronic Signature of Signing Officer or Director — Date