

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90192 032 ***150.00

DOCUMENT # P98000031832 1. Entity Name CAPITOL TITLE SERVICES, INC.					
Principal Place of Business 8061 NW 155 STREET MIAMI LAKES, FL 33016			Mailing Address 8061 NW 155 STREET MIAMI LAKES, FL 33016		
2. Principal Place of Business - No P.O. Box # 6500 Cowpen Road		3. Mailing Address 6500 Cowpen Road			
Suite, Apt. #, etc. #302		Suite, Apt. #, etc. #302			
City & State Miami Lakes, Florida		City & State Miami Lakes, FL		4. FEI Number 65-0831473	
Zip 33014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, JAVIER 8061 NW 155 STREET MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name JAVIER VAZQUEZ Street Address (P.O. Box Number is Not Acceptable) 6500 Cowpen Road #302 City Miami Lakes FL Zip Code 33014		
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 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAZQUEZ, JAVIER 8061 NW 155 STREET MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRISTINA ESPINOSA, MARIA 14356 SW 167 TERRACE MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information submitted 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:  DATE 4/17/07 (305) 825-6200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					