FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80127986

DOCUMENT # P98000031832

1. Entity Name
CAPITOL TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
~~15165 N.W. 77TH AVENUE~~	~~15165 N.W. 77TH AVENUE~~
~~MIAMI, FL 33016~~	MIAMI, FL 33016

2. Principal Place of Business	3. Mailing Address
8061 NW 155 ST	8061 NW 155 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miamilakes FL	City & State: Miami Lakes Fl
Zip: 33016 Country	Zip: 33016 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0831473 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, JAVIER
15165 N.W. 77TH AVENUE
MIAMI, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, JAVIER		NAME	
STREET ADDRESS	~~15165 N.W. 77TH AVENUE~~ 8061 NW 155 ST		STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI, FL 33016~~ Miami Lakes Fl 33016		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHRISTINA ESPINOSA, MARIA		NAME	
STREET ADDRESS	14356 SW 167 TERRACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] JAVIER L VAZQUEZ 6/25/03 305 825 6200

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