2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90158 035 ***150.00

DOCUMENT # P99000052879

1. Entity Name
CAPITAL INVESTMENT SERVICES, INC.

Address change

40066640

02272007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~2121 PONCE DE LEON BLVD~~ ~~STE 340~~ CORAL GABLES, FL 33134	~~2121 PONCE DE LEON BLVD~~ ~~STE 340~~ CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
145 Almeria	145 Almeria
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 65-0926091 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESCOBIO, ROBERT J 2121 PONCE DE LEON BLVD STE 340 CORAL GABLES, FL 33134	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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD ESCOBIO, ROBERT J ~~2121 PONCE DE LEON BLVD, STE 340~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Kevin Fitzgerald 145 Almeria Coral Gables, FL 33134	☐ Change ☒ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ESCOBIO, SUSAN M ~~2121 PONCE DE LEON BLVD., STE 340~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Fernando Fussa 145 Almeria Coral Gables, FL 33134	☐ Change ☒ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD Escobio, Robert J. 145 Almeria Coral Gabes, FL 33134	☒ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Escobio, Susan M. 145 Almeria Coral Gables, FL 33134	☒ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 Susan Escobio 4/15/07 305-446-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #