2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000052879 1. Entity Name CAPITAL INVESTMENT SERVICES, INC.					01-29-2008 90021 030 ***150.00			
Principal Place 145 ALMERIA CORAL GABLI		Mailing Address 145 ALMERIA CORAL GABLES, FL 33134	1					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	ia Aver					
Suite, Apt.	100	Suite, Apt. #, etc.	101 mea	01252008	Chg-P	CR2E034 (12/06)		
Coral	Gables, FL	Coal Gable		4. FEI Num 65-09	ber 26091	No	oplied For ot Applicable	
3313	6. Name and Address of Current I	33134	Country	·	te of Status Desired	\$8.75 Add Fee Require		
ESCOBIO, ROBERT J 145 ALMERIA Name Street Address (F					D ROK	vert t.		
CORAL GABLES, FL 33134				5 Almer	ia Ave	nue		
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, lyped 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 \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ÁDDITIÓN	L S/CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME	PD FITZGERALD, KEVIN	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	145 ALMERIA		STREET ADORESS					
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP					
TITLE NAME	CFO FUSSA, FERNANDO	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	145 ALMERIA		STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP			_		
TITLE NAME	CEOD ESCOBIO, ROBERT J	Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	145 ALMERIA		STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES, FL 33134	<u>.</u>	CITY-ST-ZIP					
TITLE NAME	STD ESCOBIA, SUSAN M	☐ Delete	TITLE	STD ESCObil	SUSAN	Change	Addition	
STREET ADDRESS	145 ALMERIA		STREET ADDRESS	145 Alm	neria A neria FL	venue .	,	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	coral ec	ibles, FL	33134		
TITLE NAME		☐ Delete	TITLE NAME		,	☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
T+TLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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: June Excepto 1-25-08 305 496 4800								
J. J.171	SIGNATURE AND TYPED OR O	DINTED NAME OF PICKING OFFICER OR		···		• • • •		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR