## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000023217

Entity Name: CLEARTITLE.INFO, INC.

FILED Apr 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 600 BRICKELL AVENUE, SUITE 600 13255 SW 137 AVE #104 MIAMI, FL 33131 MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 600 BRICKELL AVENUE, SUITE 600 13255 SW 137 AVE # 104 MIAMI, FL 33131 MIAMI, FL 33186 FEI Number: 56-2323726 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, RUBY 13259 SW 143 TERRACE MIAMI, FL 33186 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:**

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: () Change () Addition GONZALEZ, RUBY Name: Name: 11310 S.W.130TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: VΡ Title: Title: () Delete (X) Change ( ) Addition Name: GOMEZ, CARLOS A Name: GOMEZ, CARLOS A 13259 SW 143 TERRACE 15322 SW 177 TERRACE Address: Address: MIAMI, FL 33186 MIAMI, FL 33187 City-St-Zip: City-St-Zip: Title:

T ( ) Delete Title: T (X) Change ( ) Addition GALLARDO, JOAN Name: GALLARDO, JOAN

 Name:
 GALLARDO, JOAN
 Name:
 GALLARDO, JOAN

 Address:
 13259 SW 143 TERRACE
 Address:
 555 NE 34 STREET #210

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33137

Title: S () Delete Title: S (X) Change () Addition

 JIMENEZ, MÀURICIO
 Name:
 JIMENEZ, MÀURICIO

 13259 SW 143 TERRACE
 Address:
 11340 NW 48 TERRACE

 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33178

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: RUBY GONZALEZ PRES 04/25/2006