## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000082089

Address:

City-St-Zip:

21 VISTA WAY

PORT WASHINGTON, NY 11550

Entity Name: SOUTHERN STAR TITLE SERVICES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
12230 W. FOREST HILL BOULEVARD				12230 W. FOREST HILL BOULEVARD WELLINGTON, FL 33414	
124 WELLINGTON, FL 33414			WELLINGTON		
Current Mailing Address:			New Mailing A	New Mailing Address:	
12230 W. FOREST HILL BOULEVARD 124				12230 W. FOREST HILL BOULEVARD WELLINGTON, FL 33414	
	TON, FL 3341	4	WELLINGTON	, FL 33414	
FEI Number:	11-3752751	FEI Number Applied For ( )	FEI Number Not Applicabl	le ( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Add	Name and Address of New Registered Agent:	
JURAC, MARIA 12230 FOREST HILL BOULEVARD SUITE 124 WELLINGTON, FL 33414 US			12230 FORES	JURAC, MARIA 12230 FOREST HILL BOULEVARD WELLINGTON, FL 33414 US	
The above in the State	named entity s of Florida.	submits this statement for the	ourpose of changing its re	egistered office or registered agent, or bot	
SIGNATURE:				04/30/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ZANKEL, IRA L 21 VISTA WAY		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) KEENE, GLEN 50 N. BROADW NYACK, NY 10	/AY #17	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) GERBER, MAR 3 MAIZE COUR MELVILLE, NY	т	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D ()	Delete	Title: Name	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: IRA L. ZANKEL D 04/30/2009