


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**

06-28-2007 90001 032 \*\*\*150.00

**DOCUMENT # P06000098528**

1. Entity Name  
**FIRST OPTION TITLE, INC.**



Principal Place of Business      Mailing Address

11011 SHERIDAN STREET      11011 SHERIDAN STREET  
 207      207  
 COOPER CITY, FL 33026      COOPER CITY, FL 33026


2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40122000



06222007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**83-0462868**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, MARCOS I  
 11011 SHERIDAN STREET  
 206  
 COOPER CITY, FL 33026

**7. Name and Address of New Registered Agent**

Name      Rodriguez, Marcos I.

Street Address (P.O. Box Number is Not Acceptable)  
11011 SHERIDAN ST.

Suite 207

City      Cooper City      FL      Zip Code      33026

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: Al Cardy      Marcos I. Rodriguez P      06/22/07

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**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARCOS I	
STREET ADDRESS	11011 SHERIDAN STREET SUITE 206	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Marcos I.	
STREET ADDRESS	11011 SHERIDAN ST. SUITE 207	
CITY-ST-ZIP	Cooper City, FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Al Cardy      MARCOS I. Rodriguez P      06/22/07      954-450-3337

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