2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 23, 2007 08:00 A Secretary of State DOCUMENT # P95000065979 1. Entity Name M.G. TITLE SERVICES, INC. Principal Place of Business Mailing Address 8301 CORAL WAY 8301 CORAL WAY MIAMI, FL 33155 MIAMI, FL 33155 04172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3338415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, MARIA E DO NOT WRITE 8301 CORAL WAY MIAMI, FL 33155 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution 3 After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GONZALEZ, MARIA E 8301 CORAL WAY STREET ADDRESS CITY-\$1-7IP MIAMI, FL 33155 U000000723836 05/02/07-80087-014 158.75 GONZALEZ, MARIA E NAME STREET ADDRESS 8301 CORAL WAY CITY-ST-ZIP MIAMI, FL 33155 DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

Thereby certify that the information supplied with this filing does not quality 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 of 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

TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

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