## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**SIGNATURE:** 

## Feb 14, 2007 8:00 am **DOCUMENT # L03000028179 Secretary of State** 02-14-2007 90219 019 \*\*\*150.00 GLOBAL EXPRESS TITLE, LLC Mailing Address Principal Place of Business 8000 GOVERNORS SQ. BLVD 8000 GOVERNORS SQ. BLVD DUDTO \* ... **STE 410** STF 410 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Pines Blud 18563 Pines Blud 18503 Suite, Apt. #, etc. Suite, Apt. #, etc. 02122007 CR2E083 (12/06) Chq-LLC 4. FEI Number Applied For City & State Pembroko Pines FI emborole Pines 42-1602445 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Browerd Broward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hngfl F. Condom ANGEL FRANCISCO CONDOM Street Address (P.O. Box Number is Not Acceptable) 8000 GOVERNORS SQUARE BLVD #410 MIAMI LAKES, FL 33016 Zip Code 33029 notits registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent a (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. managing member Do Angel & Condon) 18303 Anes Blud. Shite 315 MGR TITLE ☐ Delete TITLE ☐ Addition NAME ANGEL FRANCISCO CONDOM NAME STREET ADDRESS 8000 GOVERNORS SQUARE BLVD #410 STREET ADDRESS Bemborolee Pins, F1 33029 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES, FL 33016 MGRE managing member **∀** Change ☐ Addition TITLE ☐ Delete TITI F Maria C Peres PEREZ, MARIA C 18503 Pines Blod, Suite 310 NAME NAME 8000 GOVERNORS SQUARE BLVD, SUITE 410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature straighave the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED