## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000068423

Name:

Address:

City-St-Zip:

PERILLA, ALFÓNSO

15165 NW. 77 AVE. #2015

MIAMI LAKES, FL 33014

Entity Name: ONE CONQUEST TITLE & ESCROW, LLC.

FILED Mar 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
15165 NW 2015	1. 77 AVE.				
	KES, FL 33014				
Current Mailing Address:			New Mailing Address:		
15165 NW 2015	1. 77 AVE.				
	KES, FL 33014				
FEI Number	: 20-1630895	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
AYALDE, I 15165 NW 2015 MIAMI LAF		US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both	
SIGNATU	RE:				
	Electroni	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip: Title:	PERILLA, OSW, 15165 NW. 77 A MIAMI LAKES, F	VE. #2015	Title: Name: Address: City-St-Zip: Title:	MGR (X) Change ( ) Addition PERILLA, DILMA 15165 NW. 77 AVE. #2015 MIAMI LAKES, FL 33014 ( ) Change ( ) Addition	
Name: Address: City-St-Zip:	PERILLA, NOHO 15165 NW. 77 A MIAMI LAKES, F	DRA NE. #2015	Name: Address: City-St-Zip:	(,g. (,,	
Title: Name: Address: City-St-Zip:	MGR () TORO-AYALDE, 15165 NW. 77 A MIAMI LAKES, F	VE. #2015	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () AYALDE, MARIO 15165 NW. 77 A MIAMI LAKES, F	VE. #2015	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	MGR ()	Delete	Title:	( ) 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 is true and accurate and that my electronic signature shall have 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIO J AYALDE MGR 03/11/2008