2006 LIMITED LIABILITY COMPANY -ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L04000076256

1. Entity Name

ABOGADOS TITLE SERVICES, LLC



FILED Jan 17, 2006 08:00 AM Secretary of State

Principal Place of Business 145 EAST 49TH STREET HIALEAH, FL 33013

Mailing Address

145 EAST 49TH STREET HIALEAH, FL 33013



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2249401

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTES JUAN C

SIGNATURE:

145 EAST 49TH STREET HIALEAH, FL 33013		IN THIS SPACE
	e named entity submits this statement for the purpose of c tions of registered agent.	hanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and tills, it applicable.	(NOTE. Registered Agent signature required when reinstalling) DATE
	iling Fee is \$50.00 ue by May 1, 2006	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS/MANAGERS MGRM LIDSKY, CARLOS 145 E 49 ST HIALEAH, FL 33013	(Innnnnaecta)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		190000388522 01/20/06-80008-007 50.00
STREET ADDRESS CITY-ST-ZIP TITLE		DO NOT WRITE IN THIS SPACE
name Street Address City-St-Zip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET AODRESS CITY-ST-ZIP	Man	
11. I hereby indicated limited lia	certify that the information supplied with this filing does not this report is true and accurate and visit my significant little company or the ecciver of trustee empoyered to a	not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information e shall have the same legal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes.