FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2005 8:00 am
Secretary of State
05-27-2005 90023 001 ***150.00

DOCUMENT # L70540

1. Entity Name
A-1 Title Support Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4811 NW 79 AVE	P.O. BOX 55-7097
Suite, Apt. #, etc. 5	Suite, Apt. #, etc
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip 33166 Country US	Zip 33255-7097 Country U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0239986 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CESAR E. SERRANO
Street Address (P.O. Box Number is Not Acceptable): 4811 NW 79 AVE
Suite 5
City: MIAMI FL Zip Code: 33166

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERRANO, CESAR E 4811 NW 79 AVE STE 5 MIAMI FL 33166	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERRANO, MARIA A. 4811 NW 79 AVE STE 5 MIAMI FL 33166	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERRANO, CESAR E. JR 4811 NW 79 AVE STE 5 MIAMI FL 33166	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, MITZI 4811 NW 79 AVE STE 5 MIAMI FL 33166	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Serrano 5/24/2005 (305)592-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #