2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # M35449 R TITLE SERVICES, INC.				09-2006 90033 ·	025 ***150	.00	
Principal Place of Business		Mailing Address		7 409U	$\theta SA\rho$			
3191 CORAL WAY		3191 CORAL WAY		1				
#404 MIAMI, FL 33145		#404						
MINAMI, FL 3.	3145	MIAMI, FL 33145		UNURUNIN	E SOLEN BOOK BOOK BURNE HER	1410	BORN CONSE	1111881
2. Principal Place of Business		3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.		01042006	Chg-P	. CR2E034 (11/05)	
City & State		City & State		4. FEI Numbe 59-270	-		Not A	ed For pplicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8. Fee	75 Addition	nal
	- 6: Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agen	t	
MENENDEZ, CORA A. 3191 CORAL WAY STE 404			<u> </u>	Name Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	. 33145					,		
			City	· · - · · · - · · · · · · · · · · · · ·	·	FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent or bo	th in the State of Flo	/		4.00
the obligat	tions of registered agent.	. The purpose of crisinging its	registered office of regis	stered agent, or bo	in, in the State of Flo	niga, raintainii	au wilii, an	o accept
SIGNATURE.		•						
O.G.A. TONE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requ	ared when reinstating)		DATE		_
	E NOW!!! FEE IS \$150.00	9. Election Campai	on Financing \$	5.00 Мау Ве				
1	ay 1, 2006 Fee will be \$550.		· · - •	dded to Fees	,			
10.	OFFICERS AND	Trust Fund Conti	· · - •	dded to Fees	CHANGES TO OFFI	ICERS AND DIR	ECTORS II	V 11
TITLE	OFFICERS AND	Trust Fund Conti	ribution.	dded to Fees	CHANGES TO OFFI			N 11
TITLE	OFFICERS AND P ZAMORA, GEORGE ESQ	Trust Fund Control DIRECTORS	11. TITLE NAME	dded to Fees	CHANGES TO OFFI			
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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 employered 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 other like empowered.

SIGNATURE: SCHATURE and TYPED OR PRINTION DAME OF SIGNING OFFICER OR DIRECTOR

Personal 5-10 2006
Date Dayline Phone .