2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015465

Entity Name: DECO TITLE SERVICES, INC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15150 N.W. 79 COURT 15150 N.W. 79 COURT SUITE 195 SUITE 185

MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016

Current Mailing Address: New Mailing Address:

2500 SW 131 TERRACE 15150 N.W. 79 COURT DAVIE, FL 33325 SUITE 185

MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 65-0993046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORES, LUIS

2500 SW 131 TERRACE

DAVIS 15150 N W 79 COURT

DAVIE, FL 33325 US 185 MIAMI LAKES, FL 33325 US

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.

SIGNATURE: 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 FLORES, MARLENE M
 Name:
 FLORES, MARLENE M

 Address:
 2500 SW 131 TERRACE
 Address:
 15150 N W 79 COURT SUITE 185

City-St-Zip: DAVIE, FL 33325 City-St-Zip: MIAMI LAKES, FL 33016

Title: STD () Delete Title: STD (X) Change () Addition Name: FLORES, LUIS STD (X) Change () Addition

 Name:
 FLORES, LOIS

 Address:
 2500 SW 131 TERRACE
 Address:
 15150 N W 79 COURT

 City-St-Zip:
 DAVIE, FL 33325
 City-St-Zip:
 MIAMI LAKES, FL 33016

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE M FLORES PD 04/29/2009