

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000015822

FILED
Jul 17, 2009
Secretary of State**Entity Name:** GOLD STAR TITLE CORP.**Current Principal Place of Business:**13311 SW 124 ST
MIAMI, FL 33186 US**New Principal Place of Business:****Current Mailing Address:**13311 SW 124 ST
MIAMI, FL 33186 US**New Mailing Address:****FEI Number:** 65-0979576**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LLOPIZ, SANDRA L
300 SEVILLA AVENUE
SUITE 300
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** DPTS () Delete
Name: LLOPIZ, SANDRA
Address: 300 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134**Title:** VP () Delete
Name: BARDALES, CLEMENTE
Address: 13311 SW 124 ST
City-St-Zip: MIAMI, FL 33186**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DVP (X) Change () Addition
Name: LLOPIZ, SANDRA
Address: 300 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134**Title:** DPTS (X) Change () Addition
Name: BARDALES, CLEMENTE
Address: 13311 SW 124 ST
City-St-Zip: MIAMI, FL 33186

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: SANDRA L. LLOPIZ

DVP

07/17/2009

Electronic Signature of Signing Officer or Director_____
Date