


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State


01-22-2007 90111 008 ***150.00

DOCUMENT # P00000105858	
1. Entity Name THE CLOSING TABLE OF SOUTH FLORIDA, INC.	

Principal Place of Business 1470 NW 107 AVE, STE E MIAMI, FL 33172	Mailing Address 1470 NW 107 AVE, STE E MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40004940



01112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1054565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, BENNY L 1470 NW 107 AVE, STE E MIAMI, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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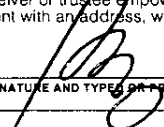
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DIAZ, BENNY L 1470 NW 107 AVE, STE E MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERNANDEZ, LUZ M 1470 NW 107 AVE, STE E MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/17/07** **205 599 3889**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40004943**Division of Corporations****Annual Report**

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Document Number

P00000105858

Business Entity Name~~THE CLOSING TABLE OF SOUTH~~
FLORIDA, INC.**FEI Number**

651054565

FEI Number Status**Certificate of Status Desired**

No

**Election Campaign Financing Trust Fund
Contribution**

No

Principal Place of Business**Address** 1470 NW 107 AVE, STE E**Suite, Apt. #, etc.****City, State** MIAMI, FL**Zip Code & Country** 33172**Mailing Address****Address** 1470 NW 107 AVE, STE E**Suite, Apt. #, etc.****City, State** MIAMI, FL**Zip Code & Country** 33172**Name and Address of Registered Agent****Name (Last, First, Middle, Title)** DIAZ, BENNY, L**Address** 1470 NW 107 AVE, STE E**Suite, Apt. #, etc.****City, State** MIAMI, FL**Zip Code & Country** 33172 US**Registered Agent Signature****Officer/Director Name and Address****Title** DPS**Name (Last, First, Middle, Title)** DIAZ, BENNY, L**Street Address** 1470 NW 107 AVE, STE E

City, State

MIAMI, FL

Zip Code & Country

33172

40004943

P00000105858

Title

VPD

Name (Last, First, Middle, Title)

HERNANDEZ, LUZ , M

Street Address

1470 NW 107 AVE, STE E

City, State

MIAMI, FL

Zip Code & Country

33172

Title

DPS

Officer/Director Signature

BENNY DIAZ

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40004943
Division of Corporations

Annual Report

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