

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011931

FILED  
Mar 06, 2008  
Secretary of State

Entity Name: TUSCANY TITLE CORPORATION

## Current Principal Place of Business:

100 WESTARD DR  
B  
MIAMI SPRINGS, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

100 WESTARD DR  
B  
MIAMI SPRINGS, FL 33166 US

## New Mailing Address:

FEI Number: 65-1073158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFF, ELIANA R  
100 WESTARD DR  
B  
MIAMI SPRINGS, FL 33166 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAAVEDRA, ALDO  
Address: 100 WESTWARD DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: VPD ( ) Delete  
Name: SAAVEDRA, ELSA L MRS.  
Address: 100 WESTWARD DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: SD ( ) Delete  
Name: WOLFF, ELIANA R MRS.  
Address: 2555 COLLINS AVE # 2408  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: TD ( ) Delete  
Name: WOLFF, ROBERTO  
Address: 2555 COLLINS AVE # 2408  
City-St-Zip: MIAMI BEACH, FL 33140 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SAAVEDRA, ELSA L MRS.  
Address: 100 WESTWARD DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPTD (X) Change ( ) Addition  
Name: WOLFF, ROBERTO  
Address: 2555 COLLINS AVE # 2408  
City-St-Zip: MIAMI BEACH, FL 33140 US

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: ROBERTO WOLFF

VPTD

03/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date