


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P01000034180 1. Entity Name ALLIANCE TITLE COMPANY		
Principal Place of Business C/O ROBERT L. SADER, ESQUIRE 1901 W CYPRESS CREEK ROAD, STE 415 FT LAUDERDALE, FL 33309	Mailing Address C/O ROBERT L. SADER, ESQUIRE 1901 W CYPRESS CREEK ROAD, STE 415 FT LAUDERDALE, FL 33309	



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1102756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SADER, ROBERT L ESQUIRE
1901 W CYPRESS CREEK ROAD, SUITE 415
FT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000911027
05/07/08-80024-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SADER, ROBERT L ESQUIRE
STREET ADDRESS	1901 W CYPRESS CREEK ROAD, SUITE 415
CITY-ST-ZIP	FT LAUDERDALE, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Sader, Director 4-18-08 (954) 776-1558

Date

Daytime Phone #