

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000053310

1. Entity Name
OCEAN TITLE SERVICES, INC.



Principal Place of Business
**780 N.W. 42ND AVENUE
SUITE 300
MIAMI, FL 33126**

Mailing Address
**780 N.W. 42ND AVENUE
SUITE 300
MIAMI, FL 33126**



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1107996

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CONSUEGRA, LUIS ESQ.
780 N.W. 42ND AVENUE
SUITE 300
MIAMI, FL 33126**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CONSUEGRA, LUIS ESQ.
STREET ADDRESS 780 N.W. 42ND AVENUE SUITE 300
CITY-ST-ZIP MIAMI, FL 33126

TITLE VPD
NAME CONCEPCION, JOSE A
STREET ADDRESS 780 N.W. 42ND AVENUE SUITE 300
CITY-ST-ZIP MIAMI, FL 33126

TITLE D
NAME DE-SOUSA MACEDO, AGOSTINHO
STREET ADDRESS 7800 N.W. 42ND AVENUE SUITE 300
CITY-ST-ZIP MIAMI, FL 33126

TITLE V
NAME VEGA, ALBERTO L
STREET ADDRESS 780 NW 42ND AVE, STE 300
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000713809
04/26/07-80104-010 150.00

**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:

Luis A. Consuegra Luis A. Consuegra

4/19/07 (305) 569-5453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #