## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2008 8:00 am Secretary of State

ANTONE REPORT						_ Secretary or State				
DOCUMENT # P01000053310  1. Entity Name OCEAN TITLE SERVICES, INC.						04-25-20	008 90121 03	36 ***1	58.75	
Principal Place of Business Mailing Address										
780 N.W. 42ND AVENUE 780 N.W. 42ND AVENUE		-	.	*						
SUITE 300 SUITE 300			•						•	
MIAMI, FL 33126 MIAMI, FL 33126										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112008	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Numbe 65-110		•		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		3.75 Add e Required		
Name and Address of Current Registered Agent					7. Name and	Address of Nev	v Registered Age	ant		
			Name	Name						
CONSUEGRA, LUIS ESQ.										
780 N.W. 42ND AVENUE			Street A	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 300										
MIAMI, FL	33126									
			City				FL	Zip Code	•	
The above general earlier when this statement for the stateme								-10		
<ol><li>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.</li></ol>										
SIGNATURE Signature, typed or printed name of registered agent and tide 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 \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND (	DIRECTORS	11.		ADDITIONS/	CHANGES TO C	FFICERS AND D	IRECTORS	3 IN 11	
TITLE	PD	☐ Defete	TITLE	1			Ξ	Change	Addition	
NAME	CONSUEGRA, LUIS ESQ.		NAME	1				-	<del></del>	
STREET ADDRESS	SS 780 N.W. 42ND AVENUE SUITE 300 STR									
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP							
TITLE	VPD	☐ Delete	TITLE	D		•	[·	Change	Addition	
NAME	CONCEPCION, JOSE A		NAME	-	<b>.</b>	T A	•	n.	_	
STREET ADDRESS	780 N.W. 42ND AVENUE SUITE	300	STREET ADDRESS			Jose A.		14.4		
CITY-ST-Z1P	MIAMI, FL 33126		CITY-ST-ZIP	/80	NW 4∠nd	Ave, Su	ite 300,	M1am	1, FL	
TITLE	D	☐ Delete	TITLE	DVP			ſ	Change	K Addition	
NAME	DE-SOUSA MACEDO, AGOSTIN		NAME		edo, A.	Alfonso	_			
STREET ADDRESS	7800 N.W. 42ND AVENUE SUITE		STREET ADDRESS				uite 300	. Mia	mi. FI.	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	, 00	100 42110	1	dic 500	,	mr, 11	
TITLE	V	☐ Delete	TITLE	<del>                                     </del>			Г	Change	☐ Addition	
NAME	VEGA, ALBERTO L	L Dolois	NAME				_			
STREET ADDRESS	780 NW 42ND AVE, STE 300		STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	1			Г	Change	Addition	
NAME			NAME					0.111190		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	1				Change	Addition	
NAME		0868	NAME	1			L	_ v.iengo		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
	L	this filing does not qualify for		contained	in Chapter 119	Florida Statute	s. I further certify	that the is	nformation	
,	, arecare anomication supplied with	Same annual account of deguly 10	unantipulation to							

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 aft ether like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #