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Secretary of State
04-10-2008 90016 022 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000078746

1. Entity Name
EL LIDER TITLE SERVICES, INC.

40063729

Principal Place of Business	Mailing Address
770 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES, FL 33134-2065	770 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES, FL 33134-2065

04072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7101 SW 99 AV	7101 S.W. 99 AV
Suite, Apt #, etc. 109-B	Suite, Apt. #, etc. 109-B
City & State MIAMI FL.	City & State MIAMI - FL
Zip 33173 Country DADE	Zip 33173 Country DADE

4. FEI Number 65-1145963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARIOL, CESSIE
770 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES, FL 33134-2065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 7101 S.W. 99 AVENUE SUITE 109-B

City MIAMI FL Zip Code 33173

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 Cessie Sariol 4/5/2008

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S SARIOL, CESSIE 770 PONCE DE LEON BLVD SUITE PENTHOUSE CORAL GABLES, FL 331342065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7101 S.W. 99 AV #109-B MIAMI - FL. 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T SARIOL, CESSIE 770 PONCE DE LEON BLVD SUITE PENTHOUSE CORAL GABLES, FL 331342065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7101 S.W. 99 AV #109-B MIAMI - FL. 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Cessie Sariol 4/5/2008 (305) 4125679

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