

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90018 049 ***150.00

DOCUMENT # P02000033131
 1. Entity Name
FOUR POINTS TITLE COMPANY



Principal Place of Business Mailing Address
12900 SW 128TH STREET SUITE 101 MIAMI FL 33186 **12900 SW 128TH STREET SUITE 101 MIAMI FL 33186**



2. Principal Place of Business - No P.O. Box # **12895 SW 132 STREET**
 Suite, Apt. #, etc. **100**

3. Mailing Address **12895 SW 132 Street**
 Suite, Apt. #, etc. **100**

1st MOORE CR2E034 (10/07)

City & State **MIAMI, Florida** City & State **MIAMI, Florida**
 Zip **33186** Country **USA** Zip **33186** Country **USA**

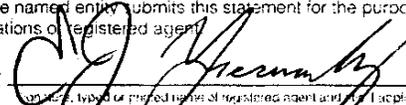
4. FEI Number **02-0573342** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PATURI, VENKATA S ESQ.
12900 SW 128TH STREET SUITE 101 MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **Enrique J. Fernandez, Esq.**
 Street Address (P.O. Box Number is Not Acceptable) **12895 SW 132 STREET**
Suite 100
 City **Miami** FL Zip Code **33186**

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, the registered agent.

SIGNATURE  DATE _____

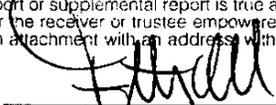
(NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D GARCIA, HECTOR 12900 SW 128TH STREET, SUITE 100 MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUIRRE, GERARDO L 12900 SW 128TH STREET, SUITE 100 MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GUTIERREZ, ESTHER C 12900 SW 128 STREET, SUITE 101 MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BADIEE, BITA 12900 SW 128 STREET, SUITE 101 MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/31/08 305-971-2600

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