

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90054 019 ***150.00

DOCUMENT # P02000110138	
1. Entity Name ROYAL OAKS TITLE COMPANY, INC.	

Principal Place of Business 7950 NW 155 STREET SUITE 104 MIAMI LAKES, FL 33016	Mailing Address 7950 NW 155 STREET SUITE 104 MIAMI LAKES, FL 33016
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2. Principal Place of Business 7900 NW 155 Street	3. Mailing Address 7900 NW 155 Street
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State MIAMI Lakes	City & State Miami Lakes
Zip 33016	Country



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0649594	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75-Additional Fee Required
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6. Name and Address of Current Registered Agent DELGADO, OSCAR J 7950 NW 155 STREET SUITE 104 MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

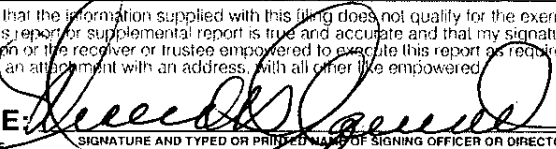
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signatures, typed or printed name of registered agent and photo if applicable (NOTE: Registered Agent signature required when reinstating) (w/it)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, OSCAR J 7950 NW 155 STREET #104 MIAMI LAKES, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delgado, Oscar J. 7900 NW 155 Street, Suite 104 Miami Lakes, FL 33016 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AQUINO, MERCEDES 7950 NW 155 STREET #104 MIAMI LAKES, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aquino, Mercedes 7900 NW 155 Street, Suite 104 Miami Lakes, FL 33016 ☒ 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
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 exemption stated in Section 119.07(3)(i), 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 in an attachment with an address, with all other like empowered.

SIGNATURE 	Date 1/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date