

-2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90247 046 ***150.00

DOCUMENT # P02000110138

1. Entity Name
ROYAL OAKS TITLE COMPANY, INC.



Principal Place of Business Mailing Address
5881 NW 151 STREET SUITE 102 HIALEAH, FL 33014

40000179



2. Principal Place of Business - No P.O. Box # **5881 NW 151 Street**

3. Mailing Address **5881 NW 151 Street**

Suite, Apt. #, etc. **Suite 102**

Suite, Apt. #, etc. **Suite 102**

01052007 Chg-P CR2E034 (12/06)

City & State **Miami Lakes, FL**

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4. FEI Number **02-0649594** Applied For Not Applicable

Zip **33014** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AQUINO, MERCEDES
5881 NW 151 ST
SUITE 102
~~MIAMI LAKES~~ **MIAMI LAKES**
FL 33014

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 *Mercedes Aquino*
Signature word or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when consulting)

DATE **1/5/07**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Delete
NAME	AQUINO, MERCEDES	
STREET ADDRESS	7900 NW 155 STREET, SUITE 107	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Aquino, Mercedes		
STREET ADDRESS	5881 NW 151 Street, Suite 102		
CITY-ST-ZIP	Miami Lakes, FL 33014		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Mercedes Aquino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07 305-828-1900