2008 FOR PROFIT CORPORATION - ANNUAL REPORT

DOCUMENT # P02000110138

1. Entity Name

ROYAL OAKS TITLE COMPANY, INC.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

5881 NW 151 STREET

SUITE 102

MIAMI LAKES, FL 33014

Mailing Address

5881 NW 151 STREET SUITE 102

MIAMI LAKES, FL 33014



	DO	NOT	WRITE	IN	THIS	SPACE
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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0649594

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AQUINO, MERCEDES 5881 NW 151 ST SUITE 102 HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent	urpose of changing its regis	stered office or re	gistered agent, or bo	oth, in the State of Flo	orida. I am familiar with, and	accept
SIGNATURE_	Signature, typed or printed name of registered agont and Itila it	applicable. (NO1E Regi	stored Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign F Trust Fund Contributi	· -	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	3 *		13.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D AQUINO, MERCEDES 5881 NW 151 STREET, SUITE 102 MIAMI LAKES, FL 33014				0000009 05/13/08-8	18620 0088-020 150.00	• • •
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

DO NOT WRITE
IN THIS SPACE

12. Thereby 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: 4

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08

305-828-1920

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