

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2004 8:00 am
Secretary of State

05-05-2004 90234 011 ***150.00

DOCUMENT # P03000019356

1. Entity Name

TITAN DEVELOPERS, INC.



Principal Place of Business

12763 SW 280 STREET
MIAMI FL 33032

Mailing Address

12763 SW 280 STREET
MIAMI FL 33032

66428288



MOORE

CR2E034 (11/03)

2. Principal Place of Business

FLORIDA 139NE 1ST ST

3. Mailing Address

139NE 1ST STREET

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

MIAMI, FL.

City & State

MIAMI, FL

4. FEI Number

16-1654516

Applied For

Not Applicable

Zip

33132

Country

US

Zip

33132

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, JESUS V
12763 SW 280 STREET
MIAMI FL 33032

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

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, 2004 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

TITLE PSD
NAME SUAREZ, JESUS V
STREET ADDRESS 12763 SW 280 STREET
CITY-ST-ZIP MIAMI FL 33032 ☐ Delete

TITLE VTD
NAME SHACKLEFORD, DONALD W
STREET ADDRESS 7810 SW 66 ST
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #