## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## May 14, 2007 8:00 am Secretary of State DOCUMENT # P03000019356 1. Entity Namo 05-14-2007 90081 025 \*\*\*150.00 TITAN DEVELOPERS, INC. Principal Place of Business Mailing Address 139 NE 1ST STREET 139 NE 1ST SUITE 400 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 16-1654516 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUAREZ, JESUS V Street Address (P.O. Box Number is Not Acceptable) 139 NE-18T PH-1 MIAMI FL 33132 City 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. Typed or printed name of registered agent and title a applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HITLE Delete HILE Change Addition SUAREZ, JESUS V MENENDEZ, JORGE M. NAME NAME 139 NE 1ST PH-1 139 NE 1 STREET, #PH-1 STREET ADDRESS STREET ADDRESS **MIAMI FL 33132** CHY-SI-ZIP CITY-ST-ZIP MIAMI R 33132 VTD THE THE Delete ☐ Change Addition SHACKLEFORD, DONALD W NAME: NAMI 7810 SW 66 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP CITY-S1-ZIP TITLE Delete HILL ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete ☐ Change THEE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete ☐ Change ■ Addition THUE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP IIILE ☐ Delete ШU ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 paraddress, with all other like empowered.

**FILED** 

Daytime Phone #