2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

ANNUAL REPORT			Secretary of Sta	
DOCUMENT # P03000019356 1. Enlity Name TITAN DEVELOPERS, INC.				secretary of Sta
Principal Place of Business 139 NE 1ST STREET SUITE 400 MIAMI, FL 33132 US	Mailing Address 139 NE 1ST PH-1 MIAMI, FL 33132 US			14107 (NII 1811) (NII 2010 11/10) (NII
			04232008 No Chg-P	CR2E034 (11/05)
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number 16-1654516	Applied For Not Applicable
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent			
SUAREZ, JESUS V 139 NE 1 STREET PH-1 MIAMI, FL 33132			DO NOT WI	
The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.		red office or register		ida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees	
10. OFFICERS AND TITLE PSD SUAREZ, JESUS V STREET ADDRESS 139 NE 1ST PH-1 MIAMI, FL 33132 TITLE V NAME MENENDEZ, JORGE M STREET ADDRESS 139 NE 1 STREET PH-1 MIAMI, FL 33132	DIRECTORS		06/02/08-	947976 90036+015 150000
TITLE NAME STREET ADDRESS CITY- ST- ZIP			DO NOT W	
TITLE NAME STREET ADDRESS CITY- ST-ZIP			IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP			7	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANUE TORGE MEINENBEZ
AGATURE AND TYPED OF PROTES NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

305-66/-2000 Daytime Phone #