2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 08:00 A Secretary of State

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DOCUMENT # P03000032490 1. Entity Name HARBOR TITLE SERVICES, CORP.					Secretary of S			
			No. of the last					
5400 S UNIVERSITY DRIVE 54 SUITE 301 SI		Mailing Address 5400 S UNIVERSITY DRIVE SUITE 301 DAVIE, FL 33328) (1844) 14 44) 14 44) 14 44 45) 14 44 45) 14 44 45) 14 44 45) 14 44 45) 14 44 45) 14 44)			
			The dis	02212007	02212007 No Chg-P CR2E034 (11/05)			
	O NOT WRITE	IN THIS SPA	CE	02212007 4. FEI Numb		CRZEUS4 (Applied For	
1	to the state of th		•	5. Certificate	of Status Desired		Not Applicable 75 Additional Regulated	
	6. Name and Address of Current Re	gistered Agent		Barrier Starting	The state of the state of	The State of the S	THE PROPERTY OF	
CHAO, LILA 3878 SHERIDAN STREEET HOLLYWOOD, FL 33021				, " 1,	NOT W THIS SF	4		
	named entity submits this statement for the named entity submits this statement for the name of registered agent.	ne purpose of changing its register	ed office or reg	sistered agent, or bo	oth, in the State of Flo	orida. I am famili	ar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registers	ed Agent signature re	quired when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaigr Trust Fund Contrib				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS			ใน <mark>เป็นสมัย แล้</mark> ว _ก ลา	م کی ایکار انگور ا	at all a	
NAME STREET ADDRESS	P WOMACK, LEE 5400 S UNIVERSITY DRIVE				unnon	icacard Garard		
CITY-ST-ZIP	DAVIE, FL 33328 VP		Sp. Trees	ta bi		-80008-01 -80008-01	3 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	CHAO, LILA 5400 S UNIVERSITY DRIVE DAVIE, FL 33328				· 中国的基础的			
TITLE NAME					# 19439 F		The state of the s	
STREET ADORESS CITY-ST-ZIP				DO	NOT W THIS SF	RITE	at the things of the	
TITLE NAME STREET ADDRESS			5-2	in in	THIS SF	ACE	The state of the s	
CTTY-ST-ZIP	<u></u>					ہ رائی چہر کا اس میں جہر کا ا	and the state of t	

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 cath; 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.

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

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/c /

Daytime Phone #