

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047996

Entity Name: TRINITY TITLE AGENCY, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

1800 W 49 ST STE 223
HIALEAH, FL 33012

New Principal Place of Business:

3412 WEST 84TH STREET
SUITE 102
HIALEAH, FL 33018

Current Mailing Address:

1800 W 49 ST STE 223
HIALEAH, FL 33012

New Mailing Address:

3412 WEST 84TH STREET
SUITE 102
HIALEAH, FL 33018

FEI Number: 55-0828868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, FLAVIA
1800 W 49 ST STE 223
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

GIL, FLAVIA
3412 WEST 84TH
SUITE 102
HIALEAH, FL 33018 US

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.

SIGNATURE: FLAVIA GIL

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIL, FLAVIA
Address: 1790 WEST 49 ST #208
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: GIL, ALFREDO
Address: 1790 WEST 49 ST #208
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: FLAVIA, GIL
Address: 3412 W. 84TH ST #102
City-St-Zip: HIALEAH, FL 33018

Title: D () Delete
Name: ALFREDO, GIL
Address: 3412 W. 84TH ST #102
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GIL, FLAVIA
Address: 3412 WEST 84TH STREET SUITE 102
City-St-Zip: HIALEAH, FL 33018

Title: D (X) Change () Addition
Name: GIL, ALFREDO
Address: 3412 WEST 84TH ST #208
City-St-Zip: HIALEAH, FL 33018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLAVIA GIL

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date