

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000049867

1. Entity Name
CHOICE ONE KEY TITLE SVC'S, INC.



Principal Place of Business
18400 FRANJO ROAD
MIAMI, FL 33157

Mailing Address
18400 FRANJO ROAD
MIAMI, FL 33157



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0087442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACDOUGALL, EDWARD P
18400 FRANJO ROAD
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MACDOUGALL, EDWARD P
18400 FRANJO ROAD
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
MACDOUGALL, ROBERT W
18400 FRANJO ROAD
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
FULLANA, KRISTIN P
18400 FRANJO ROAD
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
FULLANA, MARCOS
18400 FRANJO ROAD
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

EDWARD P. MACDOUGALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 305-252-1873
Date Daytime Phone #

U00000529857
05/05/06-80095-012 150.00

**DO NOT WRITE
IN THIS SPACE**