FILED Apr 14, 2006 8:00 am Secretary of State

2006	ANNUAL REPORT	V
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	AIIIIOAL	ILLI OILI			~		\sim	*****	
DOCUMENT # P03000056353 1. Entity Name TITLE ASSURANCE GROUP, INC.						04-14-2006 90127 030 ***150.00			
Principal Place	of Business	Mailing Address				4			
9830 SW 77		9830 SW 77 AVE	_						
130		130				. 4			
MIAMI, FL 33156 US		MIAMI, FL 33156 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122006	Chg-P	CR2E034 (11/0	5)		
City & State		City & State			4. FEI Number 06-1696			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	□ \$8.75 / Fee Requ	Additional uired	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
CONTALE	Z ABBELL BRANDVO			Name					
GONZALEZ-ABREU, BRANDY C 9830 SW 77 AVE 130				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33156	. ₹ ¥.							
			-	City			FL Zip C	ode	
8. The above the obligat	named epity submits this statement for ons of resistered agen.	r the purpose of changing its	registered	office or re	egistered agent, or both	, in the State of Fic	orida. I am familiar w	ith, and accept	
SIGNATURE	Signature, typed or brintyon ame of registered agent	and title if applicable. (NOTE	: Registered A	gent signature	required when reinstating)	٠, ,	F/12/06 DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig Trust Fund Contr		ng 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTOR\$	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	Р	☐ Delete	TITLE				Chang	ge 🔲 Addition	
NAME	GONZALEZ-ABREU, BRANDY C			İ					
STREET ADDRESS	9830 SW 77 AVE, STE. 130			ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST	1-212					
TITLE	SEC	☐ Delete	TITLE				Chang	ge 🗌 Addition	
NAME STREET ADDRESS	·			ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33156		CHY-ST	I					
TITLE	VT	□ Defete	TITLE		νT		Chan	ge	
NAME	GONZALEZ-ABRELL, JOLIANNI		NAME	'		and an A	_	ge Addition	
STREET ADDRESS	9830 SW 77 AVE, STE. 130	•		ADDRESS 6	1000011116 40	MSAICK A	<u>p</u> reu		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST	r-zip	Tolianne Op 1830 SW TYA Miami, FL	33156	30		
TITLE		☐ Delete	TITLE		-10/11/		☐ Chan	ge 🔲 Addition	
NAME			NAME	1					
STREET ADDRESS			STREET	ADDRESS					
CITY+ST-ZIP			CITY-ST	T-ZIP					
TITLE		☐ Delete	TITLE				Chan	ge 🔲 Addition	
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY+ST-ZIP	,		CITY-ST	I-ZIP					
TITLE		☐ Delete	TITLE				☐ Chan	ge 🔲 Addition	
name Street address			NAME	address					
CITY-ST-ZIP			CITY-ST	1					
· · · · · · · · · · · · · · · · · · ·	certify that the information supplied with	this filing does not qualify fo			stained in Chapter 110	Florida Statutos 1	further certify that the	ne information	
indicated	on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that m	nv signatur	e shall hav	e the same legal effect	as if made under :	oath, that I am an offi	icer or director	

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 (305) 441-9530