2007 FOR PROFIT CORPORÁTION ANNUAL REPORT

FILED Apr 05, 2007 08:00 A Secretary of State

ANNUAL REPURI					- P	Secretary	- a C C 4
DOCUMENT # P03000083190						Secretary	oi St
1. Entity Name PRIME HOME TITLE SERVICES, INC.					-		
Principal Place 11401 SW 4 #110 MIAMI, FL 3		Mailing Address 11401 SW 40TH STREET #110 MIAMI, FL 33165		 			
С	OO NOT WRITE	01152007 No Chg-P CR2E034 (11/05) 4. FEI Number					
	6. Name and Address of Current Re	gistered Agent	I		 	ree Require	<u>"</u>
QUINTETO, YEISY 11401 SW 40TH STREET #110 MIAMI, FL 33165			DO NOT WRITE IN THIS SPACE				
8. The above named analys 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, hydrox printed name of registered agent and title ill applicable. (NOTE. Registered Agent signature required when renatating) DATE							and accept
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finantity Trust Fund Contribution.				00 May Be ed to Fees		•	
10.			- I				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTERO, YEISY 11401 SW 40TH STREET #110 MIAMI, FL 33165				' U00 04/13/)000692247 /07-80044-01() 150.QO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINRES, YAIST N 11401 SW 40TH STREET #110 MIAMI, FL 33165						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN	THIS SF	PACE	

12. Thereby certify that the information supplied with this filling 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 trystee 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 affachment with an address, with all other like empowered.

SIGNATURE:

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

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2201

Daytime Phone #