## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 21, 2007 8:00 am Secretary of State DOCUMENT # P03000129013 1. Entity Name 05-21-2007 90053 043 \*\*\*150 00 V G TITLE SERVICES, INC. Principal Place of Business Mailing Address 6405 NW 36 STREET 6405 N.W. 36 STREET SUITE 226 SUITE 226 VIRGINIA GARDENS FL 33166 VIRGINIA GARDENS FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1209013 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARROQUE, SUSANA Street Address (P.O. Box Number is Not Acceptable) 6405 N.W. 36 STREET **SUITE 226** VIRGINIA GARDENS FL 33166 Zip Code 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 ed or clinted name of registered agent and title it applicable (NOTE: Busingered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE TIFLE ☐ Delete Change Addition LARROQUE, SUSANA NAME NAME 6405 NW 36 ST., SUITE 226 STREET ADDRESS STREET ADDRESS VIRGINIA GARDENS FL 33166 CITY - ST-ZIP CITY - ST - ZIP THILE ☐ Delete TITLE Addition Diaz MARIA E, 6405 NW 36 St. #226 DIAZ, MARIA E NAME 6405 NW 36 ST., SUITE 226 STREET ADDRESS STREET ADDRESS VIRGINIA GARDENS FL 33166 CITY-ST-7IP CITY-SI-7IP Virginia Gardens Fl TITLE ☐ Delete TITLE Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST /IP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY · ST-ZIP CITY - S1 - ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-7IP CITY-S1-7IP TITUE Delete RHE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Fiorida 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 eath; 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE