

# **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000014384

Entity Name: MOBILE TITLE & CLOSINGS, INC.

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

8004 NW 154 ST STE 409  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8004 NW 154 ST STE 409  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 13-4272458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUAREZ, PEDRO JR.  
100 ALMERIA AVENUE, SUITE 360  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

GONZALEZ, LIZA  
8004 NW 154 STREET  
409  
MIAMI LAKES, FL 33016 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: LIZA GONZALEZ

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: GONZALEZ, LIZA MARIE  
Address: 8004 NW 154 ST STE 409  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: GONZALEZ, LIZA  
Address: 8004 NW 154 ST STE 409  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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: LIZA GONZALEZ

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date