

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018371

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: AFFORDABLE TITLE SERVICES, INC.

## Current Principal Place of Business:

10014 N. DALE MABRY HWY  
STE 202  
TAMPA, FL 33618

## New Principal Place of Business:

14914 CASEY ROAD  
TAMPA, FL 33624

## Current Mailing Address:

10014 N. DALE MABRY HWY  
STE 202  
TAMPA, FL 33618

## New Mailing Address:

14914 CASEY ROAD  
TAMPA, FL 33624

FEI Number: 87-0718356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NIEVES, GRISEL  
10014 N. DALE MABRY HWY  
STE 202  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

NIEVES, GRISEL  
14914 CASEY ROAD  
TAMPA, FL 33624 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:

01/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: NIEVES, GRISEL  
Address: 10014 N. DALE MABRY HWY, STE 202  
City-St-Zip: TAMPA, FL 33618

Title: PRES ( ) Delete  
Name: FERNANDEZ, EVELYNNA E  
Address: 10014 N. DALE MABRY HWY, STE 202  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: NIEVES, GRISEL  
Address: 14914 CASEY ROAD  
City-St-Zip: TAMPA, FL 33624

Title: VP (X) Change ( ) Addition  
Name: FERNANDEZ, EVELYNNA E  
Address: 14914 CASEY ROAD  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify 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: EVELYNNA E FERNANDEZ

VP

01/15/2008

Electronic Signature of Signing Officer or Director

Date