

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161181

FILED
Apr 28, 2008
Secretary of State

Entity Name: RIDGEWOOD TITLE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

5411 UNIVERSITY DR
SUITE 102
CORAL SPRINGS, FL 33067

New Principal Place of Business:

530 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 US

Current Mailing Address:

5411 UNIVERSITY DR
SUITE 102
CORAL SPRINGS, FL 33067

New Mailing Address:

530 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 US

FEI Number: 20-1951938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, SARAH B
3945 ORANGE TREE LANE
WESTON, FL 33332 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAFFORD, SARAH B
Address: 3945 ORANGE TREE LANE
City-St-Zip: WESTON, FL 33332

Title: VP () Delete
Name: DANIELLE, RIZZO-MANTELLI
Address: 1839 HARBORVIEW CIRCLE
City-St-Zip: WESTON, FL 33327

Title: O () Delete
Name: CASUSO, CARLOS
Address: 8251 SW 52ND AVENUE
City-St-Zip: CORAL GABLES, FL 33143

Title: O () Delete
Name: AJO, ARIEL
Address: 19521 WEST ST. ANDREWS DRIVE
City-St-Zip: HIALEIAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SARAH B. STAFFORD

P

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date