

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P05000007032

1. Entity Name
S. A. TITLES, INC.



Principal Place of Business
3500 MILLRACE CT.
ORLANDO, FL 32822

Mailing Address

3500 MILLRACE CT.
ORLANDO, FL 32822

2. Principal Place of Business
3500 MILLRace CT.

Suite, Apt. #, etc.

3. Mailing Address
3500 MILLRace CT.

Suite, Apt. #, etc.

City & State
Orlando fl
Zip 3132822

City & State
Orlando fl
Zip 32822

6. Name and Address of Current Registered Agent

AMAYA, ESTELA
3500 MILLRACE CT.
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name *Estela Amaya*

Street Address (P.O. Box Number is Not Acceptable)

3500 Millrace ct

City Orlando Zip Code FL 32822

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 *Estela Amaya Director*

10-19-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. AMAYA, SERGIO C SR. 3500 MILLRACE CT. ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000081124580 10/23/06--01062--019 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000081124680 10/23/06--01062--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>for office</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE: *Estela Amaya*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/06
Date

Daytime Phone #