

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90059 035 \*\*\*150.00

**DOCUMENT # P05000040700**

1. Entity Name

**SERVICE TITLE CORPORATION**



Principal Place of Business  
5783-B NW 151 ST  
MIAMI LAKES FL 33014

Mailing Address  
5783-B NW 151 ST  
MIAMI LAKES FL 33014

**40017190**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **20-2522527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANO, MARIA E**  
**5783-B NW 151 ST**  
**MIAMI FL 33014**

Name

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

City

**FL**

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

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 May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
NAME **CANO, MARIA E**  
STREET ADDRESS **5783-B NW 151 ST**  
CITY-STATE-ZIP **MIAMI LAKES FL 33014**

TITLE **Vice-President 50%** ☐ Change ☒ Addition  
NAME **Maria E Cano**  
STREET ADDRESS **5783-B NW 151 Street**  
CITY-STATE-ZIP **Miami Lakes, Fl 33014**

TITLE **D** ☒ Delete  
NAME **MAESTRI, RAUL**  
STREET ADDRESS **275 FONTAINEBLUE BLVD. #225**  
CITY-STATE-ZIP **MIAMI FL 33172**

TITLE **President 50%** ☐ Change ☒ Addition  
NAME **Andrea Ynigo**  
STREET ADDRESS **6636 NW 181 Terr**  
CITY-STATE-ZIP **Miami, Fl. 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

*02/06/07* *305-8221961*