

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 09, 2007 8:00 am
Secretary of State

02-19-2007 90054 039 ***150.00

DOCUMENT # P05006045478 1. Entity Name FLORIDA CLOSING AGENTS, INC.					
Principal Place of Business 6091 NW 61ST AVENUE SUITE 302 FT. LAUDERDALE FL 33319 US			Mailing Address 6091 NW 61ST AVENUE SUITE 302 FT. LAUDERDALE FL 33319 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2564018	
Zip		Country		☐ Applied For ☐ Not Applicable	
Zip		Country		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		
IOANNOU & IOANNOU, LLP 18851 NE 29TH AVENUE SUITE 719 AVENTURA FL 33180			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 <u><i>[Signature]</i></u> DATE <u>02/07/07</u> Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when re-registering)					
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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISBIKOS, PAUL W 6091 NW 61ST AVENUE SUITE 302 FT. LAUDERDALE FL 33319 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <u><i>[Signature]</i></u> <u>02-07-07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					