

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-11-2006 90241 017 ***150.00
P05000048182

FILED

06 JUN 27 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40090784



04282006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000048182

1. Entity Name
MOYA'S TITLE COMPANY INC.



Principal Place of Business
**3655 NW 14 STREET
MIAMI, FL 33125**

Mailing Address
~~3655 NW 14 STREET~~
~~MIAMI, FL 33125~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33144

Country

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

**MOYA, GISEL
3655 NW 14 STREET
MIAMI, FL 33125**

Name

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

6317 SW 13th St

City

Miami, FL

FL

Zip Code

33144

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

Gisel Moya

GISEL MOYA

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
CALDERIN, MIRTHA
6317 SW 13 STREET
MIAMI, FL 33144** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MOYA, GISEL
3655 NW 14 STREET
MIAMI, FL 33125** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6317 SW 13th St
Miami, FL 33144** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Gisel Moya

GISEL MOYA

4/20/2006

SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #