2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000048182						
1. Entity Name MOYA'S TITLE COMPANY INC.				06 AUG 1/1 PM 4: 07	•	
				<i>?</i> /)		
Principal Place of Business Mailing		Mailing Address	· · · · · · · · · · · · · · · · · · ·	SEGRETARY OF STATE FALLAHASSEE, FLORIDA		
6317 S.W. 13 MIAMI, FL 33		6317 S.W. 13TH ST. MIAMI, FL 33144				
2. Principal Place of Business		3. Mailing Address				
3440 S W 8TH STREET Suite, Apt. #, etc.		6317 SW 13TH STREET Suite, Apt. #, etc.				
<u> </u>				07222006 Chg-P CR2E034 (11/0		
City & State MIAMI, FLORIDA		City & State MIAMI, FLORII	DA	4. FEI Number APPLIED FOR	Applied For Not Applicable	
Zip Country		Zip Country		5 Certificate of Status Desired \$8.75	Additional	
33135	6. Name and Address of Curren	33144 t Registered Agent	USA	7. Name and Address of New Registered Agent	uired	
			Name		• • • • • • • • • • • • • • • • • • • •	
MOYA, GISEL 6317 S.W. 13TH ST. MIAMI, FL 33144			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
ueri, i L	/ /					
(n)		/	City	FL Zip C	FL Zip Code	
	named entity submits this statement ions of registered age.	for the purpose of changing its r	egistered office or reg	stered agent, or both, in the State of Florida. I am familiar w	ith, and accept	
SIGNATURE	ALV	GISEL MC)YA Registered Agent signature rec	7/25/0	0 <u> </u>	
		9. Election Campaig		55.00 May Be		
Am	ended AR is \$61.25	Trust Fund Contri		dded to Fees		
10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE VAME	P CALDERIN, MIRTHA	☐ Defete	TITLE NAME	☐ Chan	ge 🔲 Addition	
STREET ADDRESS CITY+ST-ZIP	6317 SW 13 STREET MIAMI, FL 33144		STREET ADDRESS Crty-St-Zip	300 07875989 08/16/0601011017 **		
TITLE NAME	ST MOYA, GISEL	XX Delete	TITLE ST		ge	
STREET ADDRESS	6317 S.W. 13TH ST.		STREET ADDRESS	RTHA CALDERIN		
ITY-ST-ZIP	MIAMI, FL 33144	·		17 S. W. 13TH ST AMI, FLA 33144		
TTLE I		☐ Delete	TITLE NAME	Chang	e Addition	
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TILE	•	☐ Delete	TITLE	Chang	e 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP		m _a	CITY-ST-ZIP		n Addisin-	
TILE		☐ Detete	TITLE NAME	☐ Chang	je 🔲 Addition	
IAME						
NAME STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	☐ Chang	e 🔲 Addition	
TREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Chang	e Addition	
CITY-ST-ZIP ITLE IAME TREET ADDRESS CITY-ST-ZIP 12. I hereby coindicated of	on this report or supplemental report i	th this filing does not qualify for is true and accurate and that m	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions conta y signature shall have	ned in Chapter 119, Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an office	e information per or director	
STREET ADDRESS EITY-ST-ZIP TITLE IAME STREET ADDRESS EITY-ST-ZIP 12. I hereby confined added of the corp.	on this report or supplemental report i	th this filling does not qualify for is true and accurate and that my powered to execute this report a	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions conta y signature shall have	ned in Chapter 119, Florida Statutes. I further certify that the re same legal effect as if made under oath; that I am an offi 507, Florida Statutes; and that my name appears in Block 10	e information per or director or Block 11 if	
ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP 12. I hereby condicated of the corp	on this report or supplemental report to coration or the receiver or trustee emp or on an attachment with an address,	th this filling does not qualify for is true and accurate and that my powered to execute this report a	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions conta y signature shall have is required by Chapter	ned in Chapter 119, Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an office	e information per or director or Block 11 if	