

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90076 039 ***150.00

DOCUMENT # P05000068020

1. Entity Name
QUALITY ASSURANCE LAND TITLE, INC.

**Amended Address*



Principal Place of Business

Mailing Address

**12300 Southshore Boulevard Suite 218 Wellington, FL 33414-6237*
**12300 Southshore Boulevard Suite 218 Wellington, FL 33414-6237*

40124610



07042007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2806477

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

SORIERO, VINCENT

**12300 Southshore Boulevard Suite 218 Wellington, FL 33414-6237*

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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	P	<input type="checkbox"/> Delete
NAME	SORIERO, VINCENT	
STREET ADDRESS	2273 SUNDERLAND AVENUE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEPIETTO, PELLEGRINO A	
STREET ADDRESS	1880 GRANTHAM COURT	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SORIERO, EDMUND	
STREET ADDRESS	823 CEDAR COVE ROAD	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	M	<input type="checkbox"/> Delete
NAME	FERGILE, MARGARITA I	
STREET ADDRESS	9198 W. HIGHLAND PINES DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edmund Soriero, V.P.

7-9-07 561-790-2225