2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment w

May 17, 2007 8:00 am Secretary of State 05-17-2007 90033 047 ***150.00 DOCUMENT # P05000077574 REALTY TITLE SERVICES OF MIAMI, INC. 40115354 Principal Place of Business Mailing Address 2701 S BAYSHORE DRIVE SUITE 555 2701 S BAYSHORE DRIVE SUITE 555 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 05142007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number APPLIED FOR 26-0159939 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREDERICK, JOSEPH F III, ESQ Street Address (P.O. Box Number is Not Acceptable) 2701 S BAYSHORE DRIVE SUITE 555 MIAMI, FL 33133 8. The above named entity statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the \Box Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE 🗷 Delete TITLE ☐ Addition NAME FREDERICK, JOSEPH F III NAME STREET ADDRESS 2701 S BAYSHORE DRIVE SUITE 555 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP VD PVD TITLE Delete TITLE Change Addition DOOLEY, RACHEL S.G. NAME NAME STREET ADDRESS 2701 S BAYSHORE DRIVE SUITE 555 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP STD ☐ Deiele TITLE ☐ Addition Change TARVER, PAIGE C NAME NAME STREET ADDRESS 2701 S BAYSHORE DRIVE SUITE 555 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 feceiver or trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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