## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137876

Entity Name: EXECUTIVE TITLE AGENCY, INC.

FILED Jan 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8900 SW 117 AVENUE STE C206 7990 SW 117 AVENUE MIAMI, FL 33186

SUITE 208 MIAMI, FL 33183

**Current Mailing Address:** New Mailing Address:

8900 SW 117 AVENUE STE C206 7990 SW 117 AVENUE

MIAMI, FL 33186 SUITE 208

MIAMI, FL 33183

ALONSO, MARTA E

FEI Number: 20-3717713 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, O.J. 7951 SW 40TH STREET STE 206

7990 SW 117 AVENUE SUITE 208 MIAMI, FL 33155

MIAMI, FL 33183 US

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.

SIGNATURE: MARTA E. ALONSO 01/02/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** ( ) Delete Title: **PVST** (X) Change ( ) Addition

R-CABARROCAS, MARTA E Name: Name: ALONSO, MARTA E 8900 SW 117 AVENUE STE C206 7990 SW 117 AVENUE, SUITE 208 Address: Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33183

Title: Title: (X) Change ( ) Addition () Delete

Name: R-CABARROCAS, MARTA E Name: ALONSO, MARTA E

8900 SW 117 AVENUE STE C206 Address: 7990 SW 117 AVENUE, SUITE 208 Address:

MIAMI, FL 33186 MIAMI, FL 33183 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA E ALONSO **PRES** 01/02/2007