

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000138145

**FILED**  
**Aug 28, 2007**  
**Secretary of State****Entity Name:** DAM TITLE COMPANY**Current Principal Place of Business:**13780 SW 26TH ST #208  
MIAMI, FL 33175**New Principal Place of Business:**4155 SW 130 AVENUE  
102  
MIAMI, FL 33175**Current Mailing Address:**13780 SW 26TH ST #208  
MIAMI, FL 33175**New Mailing Address:**4155 SW 130 AVENUE  
102  
MIAMI, FL 33175**FEI Number:** 01-0847233**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**QUILEZ, ARIADNE  
13780 SW 26TH ST #208  
MIAMI, FL 33175 US**Name and Address of New Registered Agent:**QUILEZ, ARIADNE  
4155 SW 130 AVENUE  
102  
MIAMI, FL 33175 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: ARIADNE QUILEZ

08/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** STD ( ) Delete  
**Name:** QUILEZ, ARIADNE  
**Address:** 13780 SW 26 ST STE 208  
**City-St-Zip:** MIAMI, FL 33175**Title:** PVD ( ) Delete  
**Name:** QUILEZ, HUMBERTO  
**Address:** 13780 SW 26 ST STE 208  
**City-St-Zip:** MIAMI, FL 33175**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** QUILEZ, ARIADNE  
**Address:** 4155 SW 130 AVENUE, SUITE 102  
**City-St-Zip:** MIAMI, FL 33175**Title:** VD (X) Change ( ) Addition  
**Name:** QUILEZ, HUMBERTO  
**Address:** 4155 SW 130 AVENUE, SUITE 102  
**City-St-Zip:** MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify 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: ARIADNE QUILEZ

PD

08/28/2007

Electronic Signature of Signing Officer or Director

Date