

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000165048

**FILED**  
**Aug 29, 2012**  
**Secretary of State**

**Entity Name:** PERFORMANCE TITLE, INC.

**Current Principal Place of Business:**

4545 NW 103 AVE #200  
SUNRISE, FL 33351

**New Principal Place of Business:**

4545 NW 103 AVE #201  
SUNRISE, FL 33351

**Current Mailing Address:**

4545 NW 103 AVE #200  
SUNRISE, FL 33351

**New Mailing Address:**

4545 NW 103 AVE #201  
SUNRISE, FL 33351

**FEI Number:** 20-4075178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAFUR, CHRISTINA  
4545 NW 103 AVE #200  
SUNRISE, FL 33351 US

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

TAFUR, CHRISTINA  
4545 NW 103 AVE #201  
SUNRISE, FL 33351 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

08/29/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPV  
Name: TAFUR, CHRISTINA  
Address: 4545 NW 103 AVE #201  
City-St-Zip: SUNRISE, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA TAFUR

DPV

08/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date