



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90015 005 \*\*\*163.75

<b>DOCUMENT # P05000167981</b> 1. Entity Name <b>LION TITLE &amp; ESCROW INC.</b>					
Principal Place of Business <b>2301 W 60 ST #212</b> <b>HIALEAH, FL 33016</b>			Mailing Address <b>2301 W 60 ST #212</b> <b>HIALEAH, FL 33016</b>		
2. Principal Place of Business <b>10305 NW 41st. Street</b> Suite, Apt. #, etc. <b>Suite # 229</b>		3. Mailing Address <b>10305 NW 41st. Street</b> Suite, Apt. #, etc. <b>Suite # 229</b>		40098186  	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>		4. FEI Number <b>20-4007162</b>	
Zip <b>33178</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JAQUES, NIXON R</b> <b>2301 W 60 ST #212</b> <b>HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent Name <b>JAQUEZ, (correction of LAST name)</b> Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <b>NIXON R. JAQUEZ</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Nixon R. Jaquez</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>July 7 2006</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>JAQUES, NIXON R</b> <b>2301 W 60 ST #212</b> <b>HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JAQUEZ</b> <b>(correction of LAST NAME)</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>EXPOSITO, EDUARDO A</b> <b>11505 N.W. 71 STREET</b> <b>DORAL, FL 33178</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>LAPIERRE, MAYRA R</b> <b>1151 N. HIAUTUS ROAD</b> <b>PEMBROKE PINES, FL 33026</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: NIXON R. JAQUEZ</b>		<b>Nixon R. Jaquez</b>		<b>JULY 7 2006 (786) 356-9033</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	