## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P06000022244 03-22-2007 90006 016 \*\*\*150.00 1. Elity Name EXECUTIVE TAG & TITLE SVCS., INC. 10033821 Principal Place of Business Mailing Address 917 GREEN STREET 917 GREEN STREET WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 Principal Place of Business - No.P.O. Box # 2225. Divie How Suite, Apt. #, etc. Suik B 03142007 Chg-P CB2E034 (12/06) Applied For West Palm Beach 4. EEI Number PAIM Blach 315110 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN, STEFFANI T Street Address (P.O. Box Number is Not Acceptable) 1704 17TH LANE LAKE WORTH, FL 33463 ' 02 S. DIKLE Ste B HWUL named entity submit 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 8. The above the obligations of registered a SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. OFFICERS AND DIRECTORS VICE President ☐ Change Addition TITLE Delete. YOJANNY NISTAL 3222 S. DIME HWY SEB LUZURIAGA, YADIRA P NAME NAME N 917 GREEN STREET STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33405 CITY-ST-ZIP WestPalm Beach FL 33405 CITY-ST-ZIP President Change ☐ Delete ☐ Addition Yadira Luzuriaga 3222 S. Dille Hoyste B NAME NAME STREET ADDRESS STREET ADDRESS West-Palm Beach FL 33405 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change TITLE ■ Addition 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 Delete ☐ Change ☐ Addition TITLE THILE NAME 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 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 atte 561-512-5313 SIGNATURE:

FILED Mar 22, 2007 8:00 am