

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90026 011 ***150.00

DOCUMENT # P06000029910

1. Entity Name
ENVISION TITLE GROUP, INC.,



Principal Place of Business
2000 PONCE DE LEON BLVD.
6TH FLOOR
CORAL GABLES, FL 33134 US

Mailing Address
8861 SW 54 ST.
MIAMI, FL 331721 US

4001031b



01182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
2645 Douglas Rd
Suite, Apt. #, etc.
701

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami Florida

City & State

4. FEI Number
20-4400491

Applied For
Not Applicable

Zip
33133

Country
US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECESPEDES, MARLENE C
18421 SW 86 COURT
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DECESPEDES, MARLENE C
18421 SW 86 COURT
MIAMI, FL 33157 ☐ Delete

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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.

SIGNATURE: *MdeCespedes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08

305 444 3005

Date

Daytime Phone #