2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 20, 2007 8:00 am Secretary of State DOCUMENT # P06000036846 08-20-2007 90054 020 ***150.00 GREG & GREG INVESTMENTS AND TITLE, INC. Principal Place of Business Mailing Address 24 ALLEN ROAD 24 ALLEN ROAD HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08132007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For <u>56-2</u>56*5*837 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORGE, HECTOR M Street Address (P.O. Box Number is Not Acceptable) 24 ALLEN ROAD HOLLYWOOD, FL 33023 City 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 it applicable (NOTE Registered Agent signature required when reinstatural DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition JORGE, HECTOR M NAME NAME STREET ADDRESS 24 ALLEN ROAD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33023 CITY-ST-ZIP THE ☐ Delete TITLE Change | Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report of 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 of 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 one althought an address, with all other like empoyered.

NAME OF SIGNING OFFICER OR DIRECTOR

08-13-2017

FILED