

2007 FOR PROFIT CORPORATION ANNUAL REPORT

01-16-2007 90202 044 ***150.00
P06000054731

DOCUMENT # P06000054731

1. Entity Name
MG AMERICAN TITLE COMPANY, INC



FILED

07 FEB -2 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60000831



01102007 Chg-P CR2E034 (12/06)

Principal Place of Business
4400 NORTH FEDERAL HIGHWAY, SUITE 210-38
BOCA RATON, FL 33431

Mailing Address
4400 NORTH FEDERAL HIGHWAY, SUITE 210-38
BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4722139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, MARTHA
4400 NORTH FEDERAL HIGHWAY, SUITE 210-38
BOCA RATON, FL 33431

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 P
NAME GOMEZ, MARTHA ☐ Delete
STREET ADDRESS 4700 NW 2ND AVENUE #310
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE P ☒ Change ☐ Addition
NAME GOMEZ, Martha
STREET ADDRESS 4400 N. Federal Hwy suite 210-38
CITY-ST-ZIP Boca Raton, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE: *Martha S. Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/07

Date

Daytime Phone #