


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90036 005 ***150.00

DOCUMENT # P06000054755			
1. Entity Name BEHAR TITLE, INC.			
Principal Place of Business 13899 BISCAYNE BLVD SUITE 128 N MIAMI BEACH, FL 33181		Mailing Address 13899 BISCAYNE BLVD SUITE 128 N MIAMI BEACH, FL 33181	
2. Principal Place of Business - No P.O. Box # 13899 BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 129		3. Mailing Address 13899 BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 129	
City & State N. MIAMI BEACH, FL.		City & State N. MIAMI BEACH, FL.	
Zip 33181	Country	Zip 33181	Country FL
6. Name and Address of Current Registered Agent BEHAR, MARIA ESQ 13899 BISCAYNE BLVD SUITE 128 N MIAMI BEACH, FL 33181		7. Name and Address of New Registered Agent Name BEHAR, MARIA, ESQ. Street Address (P.O. Box Number is Not Acceptable) 13899 BISCAYNE BLVD., SUITE 129 City N. MIAMI BEACH FL Zip Code 33181	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		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	D BEHAR, MARIA ESQ 13899 BISCAYNE BLVD SUITE 128 N MIAMI BEACH, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHAR, MARIA, ESQ 13899 BISCAYNE BLVD., SUITE 129 N. MIAMI BEACH, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: <u>Maria Behar</u>		Date: <u>7/18/07</u> Daytime Phone #: <u>305-962-3393</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			