## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000097144

Entity Name: MIAMI LAKES TITLE GROUP, INC.

FILED Mar 15, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

AMBASSADOR PLAZA 15271 NW 60 AVE

6447 MIAMI LAKES DR - STE 200-L ST 206

MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

AMBASSADOR PLAZA 15271 NW 60 AVE

6447 MIAMI LAKES DR - STE 200-L STE 206

MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

FEI Number: 22-3939340 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MONTES, WILLIAM J
 Name:
 MONTES, WILLIAM J

 Address:
 % 6447 MIAMI LAKES DR - STE 200L
 Address:
 8748 NW 169 TERR

City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33018

Title: VPSD ( ) Delete Title: VPSD (X) Change ( ) Addition Name: GARRIDO, MELISSA I Name: GARRIDO, MELISSA I

 Address:
 % 6447 MIAMI LAKES DR - STE 200L
 Address:
 8748 NW 169 TERR

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 MIAMI LAKES, FL 33018

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 VANEGAS, DIANA
 Name:
 VANEGAS, DIANA

 Address:
 % 6447 MIAMI LAKES DR - STE 200L
 Address:
 8315 NW 163 ST

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MONTES PDS 03/15/2007