2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097144

Address:

City-St-Zip:

8315 NW 163 ST

MIAMI LAKES, FL 33016

Entity Name: MIAMI LAKES TITLE GROUP, INC

FILED Mar 27, 2009 Secretary of State

		inter three oncoon, into.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15271 NW 60 AVE ST 206			8748 NW 169 TERR MIAMI LAKES EL 33	8748 NW 169 TERR MIAMI LAKES. FL 33018	
	KES, FL 33014		1711/11/11/12/11/20,172 00	3010	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
15271 NW 60 AVE STE 206 MIAMI LAKES, FL 33014		8748 NW 169 TERR MIAMI LAKES, FL 33018			
FEI Number	: 22-3939040	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOC MIAMI, FL The above	OR 33145 US		ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MONTES, WILL 8748 NW 169 T MIAMI LAKES,	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPSD () GARRIDO, MEI 8748 NW 169 T MIAMI LAKES,	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TD (X)) Delete NA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM MONTES PD 03/27/2009