## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2007 8:00 am Secretary of State 04-16-2007 90045 050 \*\*\*150.00

DOCUMENT # P06000097757  1. Eruly Name INFINITY TITLE AND ESCROW, INC.						04-16-20	007 90045 050	***150.00	
Principal Place of Business  2225 N COMMERCE PARKWAY SUITE 8  WESTON, FL 33326  Mailing Address  2225 N COMMERCE PAI WESTON, FL 33326				SUITE 8	. A HERMARN III		om whan ibin (\$\$1,4\$\$9, b)	w 1841801 (j <b>188</b> 1	
2. Principal P	lace of Business - No P.O. Bo	x # 3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, atc.	Suite, Apt. #, etc.	Suite, Apt. 4, etc.		04122007	Chg-P	CR2E034 (12/0	)6)	
City & State		City & State	City & State		4. FEI Numb	0 8530	124 F	Applied For	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		Additional	
	6. Name and Address of	Current Registered Agent			7. Name and	Address of New i	Registered Agent		
GONZALE	Z & HERBERT, P.A.	Name							
	MMERCE PARKWAY	SUITE 8	8		Street Address (P.O. Box Number is Not Acceptable)				
				City	_		FL Zip C	Code	
B. The above	named entity submits this stat	ement for the purpose of changing it	s registere	ed office or registe	red agent, or bo	oth, in the State of Fi	. —	ith, and accept	
the obligat	ions of registered agent.		-						
SIGNATURE_	Signeture, typed or printed name of regist	Mred exert and bits it accounts (N/O	TE Benefitie	3 Agent signatura require	d when remetators		DATE		
	The state of the s	A STATE OF S	// C. Programme		a was (madad)	· · ·	DATE		
FIL After Ma	E NOW!!! FEE IS \$150 by 1, 2007 Fee will be	9. Election Campa \$550.06 Trust Fund Con		cing \$5	.00 May Be led to Fees				
10.		RS AND DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECT	ORS IN 11	
TITLE NAME	D HERBERT, CURTIS J	Devote	TITLE	l l			Chang	pe 🔲 Addition	
STREET ADDRESS	2225 N COMMERCE PAR	RKWAY SUITE 8							
CITY-ST-ZIP	WESTON, FL 33326	<del>-</del>		ST-ZIP					
TITLE NAME		Delets	TITLE				Chang	pe 🔲 Addition	
STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP				\$1-ZIP					
TITLE NAME		C Delete	TITLE				Chang	Z Addition	
STREET ADDRESS			STREE	1 ADDRESS					
CITY-SI-ZIP	- <del></del>	☐ Delicte	TITLE	ST-ZIP		<del></del>	☐ Chang	e 🔲 Addition	
KAME		LJ Deice	NAME				C Cranq	ie 🗇 voditiasi	
STREET ADDRESS CITY-ST-ZUP				ET ADORESS ST-ZIP					
titue		☐ Delete	TITLE	-		•	☐ Chang	pe Addition	
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	IMLE				☐ Chang	e Addition	
NAME STREET ADORGOS			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
12. I hereby of indicated	certify that the information supplemental	plied with this filling does not qualify f	for the exe my signat	imptions contained ure shall have the	d in Chapter 119 same legal effec	9. Florida Statutes. I	l further certify that the	e information cer or director	
of the cor changed,	poration or Me receiver or trus or on an attachment with an a	ted empowered to execute this reported to execute this reported to execute this repowered to execute this reported to execute the execute this reported to execute this reported to execute the execute this reported the execute this reported the execute the execute this reported the execute this reported the execute the execute the execute the execute the execute this reported the execute the	n as requir	ed by Chapter 60	7, Florida Statute	es; and that my nam	e appears in Block 10	or Block 11 ii	
	1 , , – 1	17-11	)		$\iota\iota\iota$	12/07			
SIGNAT	URE: SIGNATURE AND T	TYPED GOT MITTED HAME OF BIGHING OFFICES	N DR DIRECT	DR		Date	Daysine Phone		