

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116051

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: SUPREME TITLE & ESCROW OF BROWARD, INC.

## Current Principal Place of Business:

5595 ORANGE DRIVE  
#210  
DAVIE, FL 33314 US

## New Principal Place of Business:

## Current Mailing Address:

5595 ORANGE DRIVE  
#210  
DAVIE, FL 33314 US

## New Mailing Address:

FEI Number: 20-5514449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITTELBERG & NICOSIA, PA  
1700 UNIVERSITY DRIVE  
110  
CORAL SPRINGS,, FL 33071 US

## Name and Address of New Registered Agent:

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:

Title: P/D ( ) Delete  
Name: NICOSIA, GIOVANNI  
Address: 1700 UNIVERSITY DRIVE, SUITE 110  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP/D ( ) Delete  
Name: HODGES, STEPHEN  
Address: 6099 STIRLING ROAD, SUITE 223  
City-St-Zip: DAVIE, FL 33314 US

Title: S/D ( ) Delete  
Name: MITTELBERG, BARRY  
Address: 1700 UNIVERSITY DRIVE, SUITE 110  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: T/D ( ) Delete  
Name: CUENCA, EDGARD  
Address: 6099 STIRLING ROAD, SUITE 224  
City-St-Zip: DAVIE, FL 33314 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GIOVANNI NICOSIA

PD

01/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date