


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90084 025 ***150.00

DOCUMENT # P06000122030 1. Entity Name ZARA TITLE, INC.			
Principal Place of Business 16368 SW 15TH ST. PEMBROKE PINES, FL 33027		Mailing Address 16368 SW 15TH ST. PEMBROKE PINES, FL 33027	
2. Principal Place of Business - No P.O. Box # 12621 SW 18 STREET		3. Mailing Address 12621 SW 18 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33027		Zip 33027	
Country BROWARD		Country BROWARD	
4. FEI Number 20-5589931		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZARA, PETER P 16368 SW 15TH ST. PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name PETER P ZARA Street Address (P.O. Box Number is Not Acceptable) 12621 SW 18 STREET City MIAMI FL Zip Code 33027	
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 X [Signature] DATE 2/2/07 <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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARA, PETER P 16368 SW 15TH ST. PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARA, PETER P 12621 SW 18 STREET MIAMI FL 33027
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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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: X [Signature]		Date 2/2/07 Daytime Phone #	