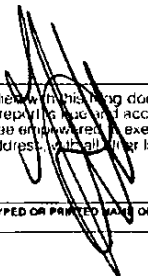


FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90419 043 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000122238		
1. Entity Name AMERICA PRESTIGE TITLE, INC.		
Principal Place of Business 19495 BISCAYNE BLVD SUITE 501 AVENTURA, FL 33180		Mailing Address 19495 BISCAYNE BLVD SUITE 501 AVENTURA, FL 33180
2. Principal Place of Business No P.O. Box # 401 E Las Olas Blvd Suite, Apt. #, etc. 1180 City & State Ft Lauderdale FL Zip 33301 Country U.S.A.		3. Mailing Address 401 E Las Olas Blvd Suite, Apt. #, etc. 1180 City & State Ft Lauderdale FL Zip 33301 Country U.S.A.
4. FCI Number 65-1292060		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LEVY, STEVE 2320 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		
7. Name and Address of New Registered Agent Name FRANK L DIAZ P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, 6TH FL City MIAMI FL Zip Code 33145		
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 Frank Diaz		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS TITLE P NAME FINANCIAL OCEAN SERVICES, LLC. STREET ADDRESS 19584 BISCAYNE BLVD # 501 CITY-ST-ZIP AVENTURA, FL 33180 ☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME Financial Ocean Services LLC STREET ADDRESS 401 E Las Olas Blvd, #1180 CITY-ST-ZIP Ft Lauderdale FL 33301 ☐ Change ☐ Addition		
12. I hereby certify that the information supplied on this report does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reply 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 thereof; and that I 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

60016306



04192007 Chg-P CR2E034 (12/06)