


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90018 031 ***150.00

DOCUMENT # P07000024912					
1. Entity Name SOUTHERN FLORIDA TITLE GROUP INC.					
Principal Place of Business 10661 NORTH KENDALL DR, STE 216 MIAMI, FL 33176			Mailing Address 10661 NORTH KENDALL DR, STE 216 MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
04172008		Chg-P		CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, RAUL G 9150 SW 87TH AVE SUITE 105 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PD	NAME DOMINGUEZ, ALBERT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7201 SW 60 STREET	MIAMI, FL 33143		STREET ADDRESS	VSD Delgado, Raul G. 10661 North Kendall Dr. Suite 216 Miami, FL 33176	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE VSD	NAME DELGADO, RAUL G	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9150 SW 87TH AVE SUITE 105	MIAMI, FL 33176		STREET ADDRESS	10661 North Kendall Dr. Suite 216 Miami, FL 33176	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	MIAMI, FL 33176		STREET ADDRESS	MIAMI, FL 33176	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	MIAMI, FL 33176		STREET ADDRESS	MIAMI, FL 33176	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	MIAMI, FL 33176		STREET ADDRESS	MIAMI, FL 33176	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33176	
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: _____			4/18/08 305-596-7911		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		