

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000061370

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** ABSOLUTE TITLE & ESCROW, INC.

**Current Principal Place of Business:**

12939 SW 132ND CT # 31  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12939 SW 132ND CT # 31  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 26-0251588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD., STE. 1050  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** GOMEZ, LUCAS  
**Address:** 12939 SW 132ND CT # 31  
**City-St-Zip:** MIAMI, FL 33186

I hereby 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 all other like empowered.

**SIGNATURE:** LUCAS GOMEZ

PD

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date