

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127430

FILED  
May 04, 2010  
Secretary of State

Entity Name: SANTA FE INSURANCE TAG & TITLE INC.

**Current Principal Place of Business:**

5450 W. HILLSBORO BLVD.  
#7  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5450 W. HILLSBORO BLVD.  
#7  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 26-1595098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASSETTI, MARIO  
5450 W. HILLSBORO BLVD.  
#7  
COCONUT CREEK, FL 33073 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MASSETTI, MARIO  
Address: 6959 TOWN HARBOTR BLVD. #423  
City-St-Zip: BOCA RATON, FL 33433

Title: T  
Name: MASSETTI, ROSSANO  
Address: 6959 TOWN HARBOR BLVD #423  
City-St-Zip: BOCA RATON, FL 33433

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: MARIO MASSETTI

P

05/04/2010

Electronic Signature of Signing Officer or Director

Date