


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P34958 1. Entity Name TITAN ROAD INDUSTRIAL PARK, INC.	
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Principal Place of Business 2622 N.W. 23 WAY BOCA RATON, FL 33431	Mailing Address 2622 N.W. 23 WAY BOCA RATON, FL 33431
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1170018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COGEN, JOSEPH 2622 N.W. 23 WAY BOCA RATON, FL 33431
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000661371
03/20/07-80038-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP COGEN, JOSEPH 2622 N.W. 23 WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD COGEN, LEE 2622 N.W. 23 WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST COGEN, LEE 2622 N.W. 23 WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/07 561-994-8910
Date Daytime Phone #