

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000017681

FILED
Jan 04, 2007
Secretary of State

Entity Name: TRI COUNTY TITLE & TRUST INC.

Current Principal Place of Business:

7220 NW 36 ST
STE 210
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7220 NW 36TH ST
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0397704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOS R PENA
7220 NW 36TH ST #210
MIAMI, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CMP () Delete
Name: CARLOS R PENA,
Address: 14521 SW 33RD CT
City-St-Zip: MIRAMAR, FL 33027

Title: SVP () Delete
Name: MOREIRA, ALEIDA V
Address: 7220 NW 36TH ST., STE 210
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MORIERA, ALEIDA V VP
Address: 7220 NW 36TH ST. STE 210
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS R. PENA

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01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date