

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000014247	
1. Entity Name ASSURED TITLE SERVICES, INC.	
	
Principal Place of Business 20401 NW 22ND AVE. STE 220 MIAMI, FL 33169 US	Mailing Address 20401 NW 22ND AVE. STE 220 MIAMI, FL 33169 US



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0815684	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

BREVITT-SCHOOP, C MARIE
20401 NW 2ND AVE.
STE 220
MIAMI, FL 33169

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

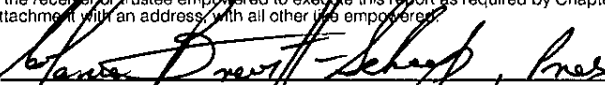
00000063681
02/26/07-80031-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREVITT-SCHOOP, C MARIE 20401 NW 2ND AVE, SUITE 220 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARD, MARLENE A 20401 NW 2N AVE., STE. 220 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNARD, BASIL M 20401 NW 2N AVE., STE. 220 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 persons empowered.

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

2/12/07 (305) 653-6959
Date Daytime Phone #