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	Mailing Address
20401 NW 22ND AVE. STE 220 MIAMI, FL 33169 US	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

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

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

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

U00000636681
02/26/07-80031-009 150.00

10. OFFICERS AND DIRECTORS

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

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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: Marie Brevitt-Schoop, Pres 2/12/07 (305)653-6959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #