

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90071 026 ***150.00

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1. Entity Name
KEY TITLE AND ESCROW INC.



Principal Place of Business

~~18400 SW 97 AVENUE~~
~~MIAMI, FL 33157~~
PALMETTO BAY, FL 33157

Mailing Address

~~18400 SW 97 AVENUE~~
~~MIAMI, FL 33157~~
PALMETTO BAY, FL 33157



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0864056

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACDOUGALL, EDWARD P
18400 SW 97 AVE.
~~MIAMI, FL 33159~~
CUTLER BAY, FL 33157

**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

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

10. OFFICERS AND DIRECTORS

TITLE	CEO - CHAIRMAN
NAME	MACDOUGALL, EDWARD P
STREET ADDRESS	18400 FRANJO ROAD
CITY - ST - ZIP	MIAMI, FL 33157 CUTLER BAY, FL 33157
TITLE	S
NAME	FULLANA, KRISTIN
STREET ADDRESS	18400 SW 97 AVENUE
CITY - ST - ZIP	MIAMI, FL 33167 CUTLER BAY, FL 33157
TITLE	D
NAME	FULLANA, MARCOS
STREET ADDRESS	18400 FRANJO ROAD
CITY - ST - ZIP	MIAMI, FL 33157 CUTLER BAY, FL 33157
TITLE	CEO
NAME	MACDOUGALL, ROBERT
STREET ADDRESS	18400 FRANJO ROAD
CITY - ST - ZIP	MIAMI, FL 33157 CUTLER BAY, FL 33157
TITLE	P
NAME	CHAVEZ, KIMBERLY A
STREET ADDRESS	18400 SW 97 AVENUE
CITY - ST - ZIP	MIAMI, FL 33157 CUTLER BAY, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. MACDOUGALL

4/23/07 305-252-1873

Date Daytime Phone #