

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62382

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: SAWGRASS TITLE & ESCROW, INC.

**Current Principal Place of Business:**

8551 W. SUNRISE BLVD.  
SUITE 208  
FORT LAUDERDALE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

8551 W. SUNRISE BLVD.  
SUITE 208  
FORT LAUDERDALE, FL 33322

**New Mailing Address:**

FEI Number: 65-0274642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOOMGARDEN, PAUL M  
8551 WEST SUNRISE BLVD.  
SUITE 208  
FORT LAUDERDALE, FL 33322 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: DPS ( ) Delete  
Name: BLOOMGARDEN, PAUL M  
Address: 8551 W SUNRISE BLVD # 208  
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: DVPT ( ) Delete  
Name: ROSEN, PHILIP C  
Address: 8551 W. SUNRISE BLVD., #208  
City-St-Zip: FORT LAUDERDALE, FL 33322 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL M. BLOOMGARDEN

DPS

01/22/2009

Electronic Signature of Signing Officer or Director

Date