Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P96000032023

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: TOMA TITLE GROUP, INC.

## **Current Principal Place of Business:**

340 MINORCA AVE 1 CORAL GABLES, FL 33134

#### **Current Mailing Address:**

340 MINORCA AVE 1 CORAL GABLES, FL 33134 US

#### FEI Number: 65-0660516

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

Electronic Signature of Registered Agent

PALMIERI, THOMAS J 340 MINORCA AVE 1 CORAL GABLES, FL 33134 US

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:

### Officer/Director Detail ·

Officer/Director Detail :			
Title	DPS	Title	DVT
Name	PALMIERI, THOMAS J	Name	CARDONA, MABEL C
Address	340 MINORCA AVE STE ONE	Address	340 MINORCA AVE STE ONE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered. SIGNATURE: THOMAS J PALMIERI PRESIDENT

#### FILED Apr 02, 2020 Secretary of State 3105705540CC

Certificate of Status Desired: No

04/02/2020

Date

Date