

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33419

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: TRANS-STATE TITLE INSURANCE AGENCY, INC.

## Current Principal Place of Business:

3050 AVENTURA BLVD., #300  
AVENTURA, FL 33180

## New Principal Place of Business:

18205 BISCAYNE BOULEVARD  
2201  
AVENTURA, FL 33160

## Current Mailing Address:

3050 AVENTURA BLVD., #300  
AVENTURA, FL 33180

## New Mailing Address:

18205 BISCAYNE BOULEVARD  
2201  
AVENTURA, FL 33160

FEI Number: 59-2817034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BODZIN, GARY A.  
3050 AVENTURA BLVD., #300  
MIAMI, FL 33180 US

## Name and Address of New Registered Agent:

BODZIN, GARY A.  
18205 BISCAYNE BOULEVARD  
2201  
AVENTURA, FL 33160 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:

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BODZIN, GARY A.,  
Address: 3050 AVENTURA BLVD #300  
City-St-Zip: AVENTURA, FL 33180

Title: V ( ) Delete  
Name: BODZIN, MARTIN I  
Address: 3050 AVENTURA BLVD #300  
City-St-Zip: AVENTURA, FL 33180

Title: VPD ( ) Delete  
Name: BODZIN, CAROLYN  
Address: 3050 AVENTURA BLVD # 300  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: BODZIN, GARY A.,  
Address: 18205 BISCAYNE BOULEVARD, #2201  
City-St-Zip: AVENTURA, FL 33160

Title: V (X) Change ( ) Addition  
Name: BODZIN, MARTIN I  
Address: 18205 BISCAYNE BOULEVARD, #2201  
City-St-Zip: AVENTURA, FL 33160

Title: VPD (X) Change ( ) Addition  
Name: BODZIN, CAROLYN  
Address: 18205 BISCAYNE BOULEVARD, #2201  
City-St-Zip: AVENTURA, FL 33160

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: GARY A BODZIN

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date