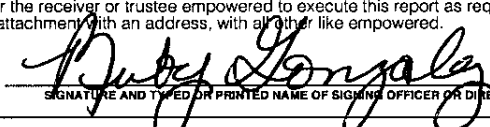


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90045 037 ***158.75

DOCUMENT # P03000023217 1. Entity Name MIAMI TITLE AGENCY, INC.					
Principal Place of Business 11310 S.W. 130TH AVENUE MIAMI, FL 33186			Mailing Address 11310 S.W. 130TH AVENUE MIAMI, FL 33186		
2. Principal Place of Business 13810 S.W. 112 Street Suite, Apt. #, etc. Suite 107			3. Mailing Address Suite, Apt. #, etc. City & State Miami, FL Zip 33186		
City & State Miami, FL			Country Dade		
4. FEI Number 56-2323726			Applied For Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GONZALEZ, RUBY 11310 S.W. 130TH AVENUE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, RUBY 11310 S.W. 130TH AVENUE MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Valeska Eghbal 13376 S.W. 115 Terrace Miami, FL 33186	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Jessica Eghbal 13376 S.W. 115 Terrace Miami, FL 33186	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 01/28/04 Daytime Phone #: 786-295-9912			