## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P03000023217** 1. Entity Name 04-25-2005 90317 034 \*\*\*158.75 MIAMI TITLE AGENCY, INC. Principal Place of Business Mailing Address 13810 SW 112 STREET 11310 S.W.130TH AVENUE 50044217 STE 107 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address 13259 43 Tecc SW Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 1iamı Miam 56-2323726 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired <u>33186</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, RUBY -11310 S.W.130TH AVENUE Street Address MIAMI, FL 33186 ian 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 regist Thed when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GONZALEZ, RUBY NAME NAME STREET ADDRESS 11310 S.W.130TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP VΡ TITLE ☐ Delete TITI E ☐ Addition Eghbal Tessica EGHBAL, VALESKA NAME NAME New 13376 SW: 115 TERRACE Jefferson Street STREET ADDRESS STREET ADDRESS 13825 Address! CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP VP TITLE Delete Change ☐ Addition EGHBAL, JESSICA NAME NAME 13376 SW 115 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

**FILED**