

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/19/2004-90297-037-\$150.00-\$150.00

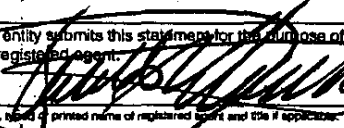
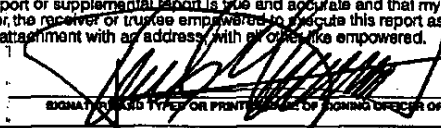
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09092004 Chg-P CR2E034 (10/03)

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| <b>DOCUMENT # P03000042782</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                                                                              |                                                                   |
| 1. Entity Name<br><b>FLORIDA TITLE CENTER CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                                                                                                                               |                                                                   |
| Principal Place of Business<br><b>1490 W 68TH STREET Suite #201<br/>HIALEAH, FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | Mailing Address<br><b>1490 W 68TH STREET Suite #201<br/>HIALEAH, FL 33014</b>                                                                                                                                                 |                                                                   |
| 2. Principal Place of Business<br><b>11780 SW 2nd St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | 3. Mailing Address<br><b>11780 SW 2nd St.</b>                                                                                                                                                                                 |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                   |
| City & State<br><b>Plantation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | City & State<br><b>Plantation</b>                                                                                                                                                                                             |                                                                   |
| Zip<br><b>33325</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country<br><b>USA</b>                      | Zip                                                                                                                                                                                                                           | Country                                                           |
| 4. FEI Number<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                        |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | \$8.75 Additional Fee Required                                                                                                                                                                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CANO, MARIA E<br/>11780 SW 2 ST<br/>PLANTATION, FL 33325</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | 7. Name and Address of New Registered Agent<br>Name<br><b>Luis Gerardo Martinez</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11780 SW 2nd St.</b><br>City<br><b>Plantation</b> FL Zip Code<br><b>33325</b> |                                                                   |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | DATE                                                                                                                                                                                                                          |                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 8, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.               |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                         |                                                                   |
| TITLE<br><b>D-Director</b> <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME<br><b>CANO, MARIA E</b>               | TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>11780 SW 2 ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CITY-ST-ZIP<br><b>PLANTATION, FL 33325</b> | NAME                                                                                                                                                                                                                          |                                                                   |
| TITLE<br><b>D-Director</b> <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME<br><b>CANO, JOSE M</b>                | TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>5305 BISCAYNE BLVD APT 101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITY-ST-ZIP<br><b>MIAMI, FL 33137</b>      | NAME                                                                                                                                                                                                                          |                                                                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                                       | TITLE<br><b>O- President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                     |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY-ST-ZIP                                | NAME<br><b>Luis Gerardo Martinez</b>                                                                                                                                                                                          |                                                                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                                       | STREET ADDRESS<br><b>11780-SW-2nd-St.</b>                                                                                                                                                                                     |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY-ST-ZIP                                | CITY-ST-ZIP<br><b>Plantation, Fl. 33325</b>                                                                                                                                                                                   |                                                                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                                       | TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY-ST-ZIP                                | NAME                                                                                                                                                                                                                          |                                                                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                                       | STREET ADDRESS                                                                                                                                                                                                                |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY-ST-ZIP                                | CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                                       | TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY-ST-ZIP                                | NAME                                                                                                                                                                                                                          |                                                                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                                       | STREET ADDRESS                                                                                                                                                                                                                |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY-ST-ZIP                                | 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 an officer like empowered. |                                            |                                                                                                                                                                                                                               |                                                                   |
| SIGNATURE:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | Date<br><b>9-14-04</b><br>Daytime Phone #                                                                                                                                                                                     |                                                                   |