

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085503

FILED
Apr 27, 2005
Secretary of State

Entity Name: APPROVED TITLE INSURANCE CO. INC.

Current Principal Place of Business:

11430 NORTH KENDALL DRIVE
SUITE 107
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11430 NORTH KENDALL DRIVE
SUITE 107
MIAMI, FL 33176

New Mailing Address:

FEI Number: 06-1703630 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAMEL, KENNETH J
13820 SW 108TH AVENUE
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

JORVE, DEONA V
395 ALHAMBRA CIRCLE
204
CORAL GABLES, FL 33145 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: JORGE V DEONA 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HAMEL, KENNETH J
Address: 13820 SW 108TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: VSD () Delete
Name: AGUAD, MAUREEN
Address: 11430 NORTH KENDALL DRIVE SUITE 112
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: DEONA, JORGE V
Address: 395 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33145

Title: PSD (X) Change () Addition
Name: AGUAD, MAUREEN
Address: 11430 NORTH KENDALL DRIVE SUITE 112
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAUREEN AGUAD P 04/27/2005
Electronic Signature of Signing Officer or Director Date