## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT. Secretary of State 5/6 DOCUMENT # P03000097896 05-06-2004 90177 037 \*\*\*130.00 06-03-2004 90002 001 \*\*\*\*20.00 SUPREME TITLE & ESCROW, INC. Principal Place of Business Mailing Address 8100 N. UNIVERSITY DRIVE #102 8100 N. UNIVERSITY DRIVE #102 54056500 FT. LAUDERDALE, FL 33321 FT. LAUDERDALE, FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 56-2392940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITTELBERG, BARRY Street Address (P.O. Box Number is Not Acceptable) 8100 N. UNIVERSITY DRIVE #102 FT. LAUDERDALE, FL 33321 Zip Code 8. The above famed 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 ons of registered agent. (NOTE: Registered Agent signature \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITÉE Delete TILE Addition NICOSIA, GIOVANNI NAME NAMÉ STREET ADDRESS 8100 N. UNIVERSITY DRIVE #102 STREET ADDRESS CHY-ST-7IP FT. LAUDERDALE, FL. 33321 CITY-ST-ZIP TITLE VSD Delete TITLE ☐ Change ☐ Addition NAME ... MAGARIL, ROBIN NAME 8100 N. UNIVERSITY DRIVE #102 STREET ADDRESS STREET ADORESS CITY-ST-ZiP FT. LAUDERDALE, FL 33321 CITY-ST-ZIP TIFLE ☐ Change Addition Oclete TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY ST 7 CITY:ST:ZIP TITLE ☐ Delete TITLE [1] Change ☐ Addition NAME MAME STREET ADURESS STREET ADORESS CITY-ST-ZIP City-st- ap TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-7IP CITY-ST-ZIP Change TITLE ☐ Delete Addition TITLE

12. Thereby certify that the information supplied with this filling 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 empourant to execute this report as required by Chapter 607, Florida Statutos; 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.

CITY-ST-ZIP

MALIF STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS CITY-ST-71P

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

Jun 03, 2004 8:00 am