## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 21, 2005 8:00 am Secretary of State

DOCUMENT # P03000097896  1. Entity Name SUPREME TITLE & ESCROW, INC.									02-21-20	05 900°	71 00	1 ***15	0.00
Principal Place 8100 N. UNIV FT. LAUDERD	VERSITY DRIV	8100	Mailing Address 8100 N. UNIVERSITY DRIVE #102 FT. LAUDERDALE, FL 33321										
2. Principal Place of Business				3. Malling Address									
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				02142005	Chg-P	CF	R2E034	4 (10/03)		
City & State			City	City & State				4. FEI Number 56-2392940					plied For t Applicable
Žip		Country	Zip	Zip Count			5. Certificate of Status Des			ed 🔲		8.75 Add ee Require	
6. Name and Address of Current Registered Agent								7. Name and	Address of Ne	w Registe	red Ag	jent -	
MITTELBERG, BARRY 8100 N. UNIVERSITY DRIVE #102 FT. LAUDERDALE, FL 33321						Name Street Address (P.O. Box Number is Not Acceptable)							
						City			· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	<del></del>
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, lyped o	printed name of register	ed agent and title if app	olicable. (NOTE	E: Registere	d Agent signature	required	when reinstating)			DATE		•
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees													
10.		OFFICER	S AND DIRECTO	RS Delete	11.			ADDITIONS	CHANGES TO	OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICOSIA, 8100 N. UI FT. LAUDI	e eet address -st-zip	•	•			l	Change	Addition .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Delete IIII. MAGARIL, ROBIN NAM 8100 N. UNIVERSITY DRIVE #102 STR											Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							i	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+SI-ZIP				☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		_						☐ Change	☐ Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP				Delete	1		•	,				Change 1	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 files empowered.													
SIGNAT	ſURE: ≟	SIGNATURE AND TY	PED OR PRINTED NA	ME OF SIGNING OFFICER	OR DIREC	TOR			× 2//	405	Da	time Phone #	