


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000009487	
1. Entity Name U.S. FIDELITY TITLE COMPANY	

Principal Place of Business FOUR SEASONS OFFICE TOWER 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US	Mailing Address FOUR SEASONS OFFICE TOWER 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US
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04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0378717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KRONGOLD, M R  
 FOUR SEASONS OFFICE TOWER  
 1441 BRICKELL AVE., SUITE 1430  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ELDA M 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONGOLD, RANDI M 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131
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U00000546099  
 05/11/06-80103-006 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Elde M. Davis* 4/21/06 305 416-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #