2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000015744

U.S. TITLE & ESCROW INC.



Principal Place of Business

2715 EAST OAKLAND PARK BLVD.

STE 100 2 -- FORT LAUDERDALE, FL 33306 US

Mailing Address

2715 E OAKLAND PARK BLVD.

STE 100 3-FORT LAUDERDALE, FL 33306

US

FILED Feb 23, 2005 8:00 am Secretary of State

02-23-2005 90083 004 ***150.00

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						No Chg-P	CR2E	034 (10/03)
DO NOT WRITE IN THIS SPAC				4	4. FEI Number 59-3300551			Applied For Not Applicable
				5 5	. Certificate o	of Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent						
SENESI, FRED P 2715 E. OAKLAND PARK BLVD. STE.400 3 → FORT LAUDERDALE, FL 33306					A Section of the	NOT W HIS SF	5. 5.	
	named entity submits this statement for the plons of registered agent.	urpose of changing its register	ed office or re	gistered	agent, or both	o, in the State of Fl	orida. I am	familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registere	d Agent signature i	required whe	n reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution,	ncing	\$5.00 Added	May Be to Fees			
10.	OFFICERS AND DIREC	TORS	, v				4 5 5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SENESI, FRED P 2715 E OAKLAND PARK BLVD. FT. LAUDERDALE, FL							
NAME STREET ADDRESS CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	·						
NAME STREET ADDRESS CITY-ST-ZIP					2.5	NOT W		1.0
title Name Street address City-St-Zip					IN T	'HIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

I hereby 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 empowered to execute this report as required by Chapter 607, Fiorida 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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

957-568-9885