

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018199

FILED
Apr 27, 2005
Secretary of State

Entity Name: NATIONAL TITLE INSURANCE COMPANY

Current Principal Place of Business:

151 S W 27TH AVE
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

151 S W 27TH AVE
MIAMI, FL 33135

New Mailing Address:

FEI Number: 59-0373580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RANDOL, WILLIAM L JR
Address: 151 SW 27TH AVENUE
City-St-Zip: MIAMI, FL 33135

Title: SD () Delete
Name: MARCUS, ELIZABETH
Address: 151 S.W. 27TH AVE
City-St-Zip: MIAMI, FL 33135

Title: T () Delete
Name: ALONSO, JOSE A
Address: 151 S W 27TH AVE
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: RANDOL, BRENDA
Address: 151 S W 27TH AVE
City-St-Zip: MIAMI, FL 33135

Title: V () Delete
Name: ENOS, MARGARET R
Address: 151 SW 27TH AVE.
City-St-Zip: MIAMI, FL 33135

Title: VD () Delete
Name: HOOVER, ELIZABETH J
Address: 151 S W 27TH AVE
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE A. ALONSO

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04/27/2005

Electronic Signature of Signing Officer or Director

Date