2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 470793 1. Entity Name AZTEC TITLE CORPORATION

FILED Jan 12, 2004 08:00 AM Secretary of State

Principal Place of Business

2 SOUTH UNIVERSITY DRIVE, SUITE 231 PLANTATION, FL 33324

Mailing Address

2 SOUTH UNIVERSITY DRIVE, SUITE 231 PLANTATION, FL 33324



01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WADIEV DILVE

2 SOUTH UNIVERSITY DRIVE, SUITE 231 PLANTATION, FL 33324			IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WADLEY, BILLY FRANKLIN 11941 NW 27TH COURT PLANTATION, FL 00000, STD WADLEY, HELLA 11941 NW 27TH COURT				U00800001926 -01/12/04-80031-004 150.00
CAY-SI-ZIP Tule	PLANTATION, FL 00000, VPD				
name Street address City-St-Zip	WADLEY, COCHISE 7135 NW 15 STREET PLANTATION, FL		DO		NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADLEY, MICHELE C 11941 N.W. 27 COURT PLANTATION, FL		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					- <u></u> -
DITLE NAME STREET ADDRESS					

12. 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, 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR