

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 674376 1. Entity Name CITATION TITLE COMPANY, INC.	
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Principal Place of Business 1225 S.W. 87TH AVE. C/O ROBERT WAYNE MIAMI, FL 33174	Mailing Address 1225 S.W. 87TH AVE. C/O ROBERT WAYNE MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

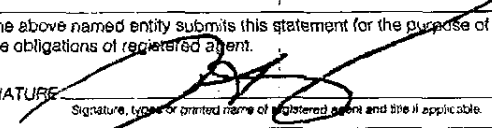
4. FEI Number 59-2005376	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WAYNE, ROBERT 1225 S.W. 87TH AVE. MIAMI, FL 33174
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**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 1-19-06
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

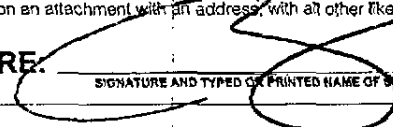
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, DIANE 1225 SW 87TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAYNE, ROBERT 1225 SW 87TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CARDWELL, MARGARITA 1225 S W 87TH AVE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80036-003 150.00

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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: 	PRESIDENT	1-19-06	305 264-5397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #