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Secretary of State
07-15-2004 90049 038 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/15/

DOCUMENT # L03000028179

1. Entity Name
GLOBAL EXPRESS TITLE, LLC

Principal Place of Business	Mailing Address
419 WEST 49TH STREET, SUITE 220 HIALEAH, FL 33012	419 WEST 49TH STREET, SUITE 220 HIALEAH, FL 33012

07082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8000 Governors Sq.Blvd	8000 Governors Sq.Blvd
Suite, Apt. #, etc. Suite 410	Suite, Apt. #, etc. Suite 410
City & State Miami Lakes, Florida	City & State Miami Lakes, Florida
Zip 33016 Country USA	Zip 33016 Country USA

4. FEI Number 42-1602445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGEL FRANCISCO CONDOM
419 WEST 49TH STREET, SUITE 220
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name Angel Francisco Condom
Street Address (P.O. Box Number is Not Acceptable)
8000 Governors Square Blvd #410
City Miami Lakes FL Zip Code 33016

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)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANGEL FRANCISCO CONDOM 419 WEST 49TH STREET, SUITE 220 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Angel Francisco Condom 8000 Governors Square Blvd #410 ~~Miami Lakes, Fl 33016~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______________________ 07-26-04 305-510-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #