


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90008 040 \*\*\*\*50.00

DOCUMENT # L03000028179 1. Entity Name GLOBAL EXPRESS TITLE, LLC	
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Principal Place of Business 8000 GOVERNORS SQ. BLVD STE 410 MIAMI LAKES, FL 33016	Mailing Address 8000 GOVERNORS SQ. BLVD STE 410 MIAMI LAKES, FL 33016
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**DO NOT WRITE IN THIS SPACE**



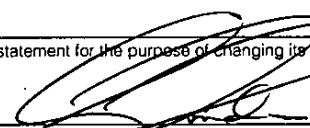
01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1602445	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  ANGEL FRANCISCO CONDOM 8000 GOVERNORS SQUARE BLVD #410 MIAMI LAKES, FL 33016
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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  <u>Angel F Condom 1.10.05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANGEL FRANCISCO CONDOM 8000 GOVERNORS SQUARE BLVD #410 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Executive Manager &amp; Senior Processor</i> <i>Name: Maria C. Perez</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Address: 8000 Governors Square Blvd, Suite 410 Miami Lakes, Florida 33016</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  <u>1/10/05 Angel F Condom 305.512.1702</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>