

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M28977**

1. Entity Name  
**CONCORDE TITLE INSURANCE AGENCY, INC.**



Principal Place of Business <b>11110 N KENDAL DR          STE 102          MIAMI, FL 33176 US</b>	Mailing Address <b>11110 N KENDAL DR          STE 102          MIAMI, FL 33176 US</b>
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03102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2651002</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBISON, CAROL A.  
 11110 N KENDALL DR  
 #102  
 MIAMI, FL 33176**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBISON, CAROL A. 10425 S.W. 52ND TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBINSON, CAROL A 10425 SW 52 TR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTULAN, CARL J 7820 SW 157TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000855817  
 03/27/08-80066-011 150.00

**DO NOT WRITE 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 empowers.

SIGNATURE: *Carol A. Robison* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 3/10/08 **Date** Daytime Phone #: 305 279-3605 **Daytime Phone #**