

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M33736		
1. Entity Name TITLE COMPANY OF THE SOUTH, INC.		
Principal Place of Business 10800 BISCAYNE BLVD STE 560 NO MIAMI, FL 33161 US		Mailing Address 10800 BISCAYNE BLVD STE 560 NORTH MIAMI, FL 33161 US
DO NOT WRITE IN THIS SPACE		
		01132004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2682619		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SHAW, JULIE S. 10800 BISCAYNE BLVD SUITE 560 N. MIAMI, FL 33161		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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		DATE 1-16-04
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SHAW, JULIE S. 10800 BISCAYNE, SUITE 560 NORTH MIAMI, FL 33161	
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12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 1-16-04 305 895-1560 <small>Daytime Phone #</small>