



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M53767</b> 1. Entity Name <b>METROPOLITAN TITLE INSURANCE COMPANY</b>	
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Principal Place of Business <b>1790 W. 49TH ST. SUITE 300 MIAMI, FL 33012 US</b>	Mailing Address <b>1790 W. 49TH ST. SUITE 300 MIAMI, FL 33012 US</b>
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**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0014434</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ISLA, LUCIANO  
1790 W. 49TH ST.  
SUITE 300  
MIAMI, FL 33012**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ISLA, LUCIANO 1790 W. 49 ST. #300 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ISLA, LYDIA M. 1790 W. 49 ST. #300 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KONER, ROBERT D 1790 W. 49 ST #300 HIALEAH, FL 33012
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UD00000089317  
03/15/04-80087-008 150.00

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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)(h), 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:**  **Lydia M. Isla V.P.** **3-12-04 30556-1747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #