

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M53767

FILED
May 01, 2011
Secretary of State

Entity Name: METROPOLITAN TITLE INSURANCE AGENCY CO.

Current Principal Place of Business:

1800 W. 49TH ST.
SUITE 316
MIAMI, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

1800 W. 49TH ST.
SUITE 316
MIAMI, FL 33012 US

New Mailing Address:

FEI Number: 65-0014434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISLA, LUCIANO
1800 W. 49TH ST.
SUITE 316
MIAMI, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: ISLA, LUCIANO
Address: 1800 W. 49 ST. #316
City-St-Zip: HIALEAH, FL 33012

Title: VSD
Name: ISLA, LYDIA M.
Address: 1800 W. 49 ST. #316
City-St-Zip: HIALEAH, FL 33012

Title: VP
Name: KONER, ROBERT D
Address: 1800 W. 49 ST #316
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUCIANO ISLA

PD

05/01/2011

Electronic Signature of Signing Officer or Director

Date