2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011931

Entity Name: TUSCANY TITLE CORPORATION

FILED Jan 15, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
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100 B WESTARD DR 100 B WESTARD DR

MIAMI SPRINGS, FL 33166 US MIAMI SPRINGS, FL 33016 US

Current Mailing Address: New Mailing Address:

100 B WESTARD DR 100 B WESTARD DR

MIAMI SPRINGS, FL 33016 US MIAMI SPRINGS, FL 33166 US

FEI Number: 65-1073158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLFF, ELIANA R 100 B WESTARD DR MIAMI SPRINGS, FL 33166 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title:

(X) Change () Addition BRANDENBURG, CONSTANCE L SAAVEDRA, ALDO Name: Name: 100 WESTWARD DRIVE 100 WESTWARD DRIVE Address: Address: MIAMI SPRINGS, FL 33166 City-St-Zip: City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: VPD Title: VPD (X) Change () Addition () Delete

Name: SAAVEDRA, ELSA LARA Name: SAAVEDRA, ELSA LARA 100 WESTWARD DRIVE 100 WESTWARD DRIVE Address: Address: MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: SD () Delete SD WOLFF, ELIANA WOLFF, ELIANA Name: Name:

7787 NW 146 ST. 2555 COLLINS AVE # 2408 Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI BEACH, FL 33140 US

Title: () Delete Title: () Change (X) Addition

WOLFF, ROBERTO Name: Name: Address: Address: 2555 COLLINS AVE # 2408 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERTO WOLFF TD 01/15/2004