


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000020736		
1. Entity Name ASSURANCE TITLE & ESCROW OF SOUTH FLORIDA, INC.		


Principal Place of Business 3111 UNIVERSITY DR STE 404 CORAL SPRINGS, FL 33065	Mailing Address 3111 UNIVERSITY DR STE 404 CORAL SPRINGS, FL 33065
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2. Principal Place of Business 1515 N. Federal Hwy Suite, Apt. #, etc. 305	3. Mailing Address 1515 N. Federal Hwy Suite, Apt. #, etc. 305
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33433	Zip 33433
Country USA	Country USA

FILED

04 DEC 29 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12272004 Chg-P CR2E034 (10/03) MRD

4. FEI Number 65-1081291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANDIN, GARY I 3111 UNIVERSITY DR STE 404 CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name JILL B. NEWMAN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 455 Fairway Dr. Suite 104 City Deerfield Beach FL Zip Code 33441
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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 Jill Newman DATE 12/28/04

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONDELLI, JOSEPH SR. 7891 W SAMPLE ROAD CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCO AFFATATI, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1515 N. Federal Hwy, Suite 305 Boca Raton, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HANDIN, GARY I 3111 UNIVERSITY DR STE 404 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700044523417 01/11/05--01038--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE: Marco Affatati Marco Affatati, Pres. DATE 12/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR