2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90183 038 ***150.00

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1. Entity Name
OLYMPIA TITLE INSURANCE AGENCY, INC.

4U0J5503

03172008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2999 NE 191ST STREET, SUITE 900 AVENTURA, FL 33180	2999 NE 191ST STREET, SUITE 900 AVENTURA, FL 33180

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2750 NE 185th Street	2750 NE 185th Street
Suite, Apt. #, etc.: Second Floor	Suite, Apt. #, etc.: Second Floor
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country:	Zip: 33180 Country:

4. FEI Number: 01-0722002 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R
2999 N.E. 191ST ST STE 900
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: Schiffman, Adam R
Street Address (P.O. Box Number is Not Acceptable): 2750 NE 185th Street, 2nd Floor
City: Aventura FL Zip Code: 33180

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] 4/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SCHIFFMAN, ADAM 2999 NE 191ST STREET, SUITE 900 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Schiffman, Adam R 2750 NE 185th Street, 2nd Floor Aventura, FL 33180 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOCHSZTEIN, FRED 1940 HARRISON ST, #300 HOLLYWOOD, FL 33020 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #