

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063653

FILED
Apr 24, 2012
Secretary of State

Entity Name: OLYMPIA TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2750 NE 185TH ST SECOND FLOOR
AVENTURA, FL 33180

New Principal Place of Business:

2875 NE 191ST ST
SUITE #404
AVENTURA, FL 33180

Current Mailing Address:

2750 NE 185TH ST SECOND FLOOR
AVENTURA, FL 33180

New Mailing Address:

2875 NE 191ST ST
SUITE #404
AVENTURA, FL 33180

FEI Number: 01-0722002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIFFMAN, ADAM R
2750 NE 185TH ST, 2ND FLR
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SCHIFFMAN, ADAM R
2875 NE 191ST ST
SUITE #404
AVENTURA, FL 33180 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

04/24/2012

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: SCHIFFMAN, ADAM R
Address: 2875 NE 191ST ST, SUITE #404
City-St-Zip: AVENTURA, FL 33180

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: ADAM R. SCHIFFMAN

PSTD

04/24/2012

Electronic Signature of Signing Officer or Director

Date