2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P01000119699

Entity Name: TITLE CLERK ASSISTANTS OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 4774
FORT LAUDERDALE, FL 33338

New Principal Place of Business:

2822 N UNIVERSITY DR
SUNRISE, FL 33322

Current Mailing Address:

P.O. BOX 4774
FORT LAUDERDALE, FL 33338

New Mailing Address:

2822 N UNIVERSITY DR
SUNRISE, FL 33322

FEI Number: 80-0007891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEISBERG, MICHAEL P ESQ.
1925 BRICKELL AVENUE
SUITE D-301
MIAMI, FL 33129 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPST ( ) Delete
Name: STROCHAK, JASON M
Address: P.O. BOX 4774
City-St-Zip: FORT LAUDERDALE, FL 33338

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPST (X) Change ( ) Addition
Name: STROCHAK, JASON M
Address: 2822 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

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: JASON STROCHAK PRES 04/13/2004

Electronic Signature of Signing Officer or Director — Date