## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

**FILED** Jun 23, 2004 8:00 am Secretary of State 05-10-2004 90476 033 \*\*\*150.00 5/10

DOCUMENT # P0200009264  1. Entity Name PARAMOUNT LAND TITLE, INC.											
Principal Place of Business 180 ROYAL PALM			180 9	Mailing Address 180 ROYAL PALM SUITE 201			66428894				
SUITE 201 PALM BEACH, FL 33480				PALM BEACH, FL 33480					II <b>si</b> in <b>co</b> in ii		HR 11 (LE)
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc. 1			·	Suite, Apt. #, etc.  City & State			04212004	Chg-P		34 (10/03)	-r
City & State	Zip : Country			Zip Countr			4. FEI Number 20 - 1268142 Applied For Nox Applicable  5. Certificate of Status Desired				
Zip	6 Name	6. Name and Address of Current Registered Agent				5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent					
	,		un riogioidie	Name							
TARONE, 180 ROYA SUITE 201	RETUR		Street Address			(P.O. Box Number is Not Acceptable)					
PALM BEACH, FL 33480						City			FL	Zip Code	
8. The above	named ebits	submits this stateme	nt for the purp	ose of changing its	register	ed office or regis	tered agent, or bo	th, in the State of FI		lamiliar with, i	and accept
<ol> <li>The above named exity 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.</li> </ol>											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE											
FILE NOWIN FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS A	AND DIRECTO	······························	11.	r	ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE NAME	D TARÔNE,	THEODORE T JR		Delete .	TITL	· •				Change	Addition
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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 empowered.  SIGNATURE: 4-26-64 (561)832-6272											
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