


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000015958 |  |
| 1. Entity Name LAKESHORE TITLE & TRUST CORP. | |

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|---|---|
| Principal Place of Business 8000 WEST FLAGLER STREET SUITE 203 MIAMI FL 33144 | Mailing Address 8000 WEST FLAGLER STREET SUITE 203 MIAMI FL 33144 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E034 (11/03)

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| 6. Name and Address of Current Registered Agent | |
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| POZO-DIAZ, MARTHA 8000 WEST FLAGLER STREET SUITE 203 MIAMI FL 33144 | |
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| 7. Name and Address of New Registered Agent | |
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| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | Zip Code |

B. 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.

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| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 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 |
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|--|---------------------------------|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP D CUMMINS, JEFFREY DREW 8000 WEST FLAGLER STREET SUITE 203 MIAMI FL 33144 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP 000000064046 02/23/04-80187-012 150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP D GUERRA, MARTIN 9370 SUNSET DRIVE SUITE A-202 MIAMI FL 33173 | <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 D POZO-DIAZ, MARTHA 8000 WEST FLAGLER STREET SUITE 203 MIAMI FL 33144 | <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 empowered.

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| SIGNATURE:  | M. POZO-DIAZ | 2/19/04 | (305) 262-9060 |
|--|--------------|---------|----------------|