


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90013 016 ***150.00

DOCUMENT # P02000019469	
1. Entity Name SOBE TITLE COMPANY	

Principal Place of Business 960 - 41ST STREET #401 MIAMI BEACH, FL 33140	Mailing Address 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140
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94024235

2. Principal Place of Business 960-41st STREET	3. Mailing Address
Suite, Apt. #, etc. #206	Suite, Apt. #, etc.
City & State MIAMI BEACH, FL	City & State
Zip 33140	Country



02212004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3708379		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WASSERMAN, MARTIN W 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name WASSERMAN, MARTIN W, ESQ Street Address (P.O. Box Number is Not Acceptable) 960-41st STREET #206 City MIAMI BEACH FL Zip Code 33140

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 *Martin W. Wasserman* (MARTIN W. WASSERMAN) 02/21/04
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, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASSERMAN, MARTIN W 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140 <input checked="" 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	V WASSERMAN, DEBORAH Z 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140 <input checked="" 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	PD WASSERMAN, MARTIN W 2363 N. MERIDIAN AVE MIAMI BEACH, FL 33140 <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	VD WASSERMAN, DEBORAH Z 2363 N. MERIDIAN NE MIAMI BEACH, FL 33140 <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	V WASSERMAN, SETH A 2363 N. MERIDIAN AVE MIAMI BEACH, FL 33140 <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.

SIGNATURE: *M. W. Wasserman* (MARTIN W. WASSERMAN, JR) 02/21/04 205-672-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #