

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106109

FILED
Jan 10, 2005
Secretary of State

Entity Name: COOPERATIVE TITLE AND ESCROW II, INC.

Current Principal Place of Business:

5655 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5655 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33328

New Mailing Address:

FEI Number: 56-2299895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINK, RODGER L
100 SE 3RD AVE SUITE 2108
FT LAUDERDALE, FL 33394 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: PT () Delete
Name: SPINK, RODGER L
Address: 5655 SOUTH UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: VPS () Delete
Name: OUELLETTE, ADAM J
Address: 5665 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: OUELLETTE, ADAM J
Address: 5665 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: S () Change (X) Addition
Name: TOCCI, DEBORAH A
Address: 5655 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

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: ADAM J. OUELLETTE

VP

01/10/2005

Electronic Signature of Signing Officer or Director

Date