


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90453 008 ***158.75

| | | |
|---------------------------------------|--|---|
| DOCUMENT # P02000121587 | |  |
| 1. Entity Name MIRAMAR TITLE, INC. | | |

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| Principal Place of Business 2853 EXECUTIVE PARK DR SUITE 201 WESTON, FL 33331 | Mailing Address 318 INDIAN TRACE #451 WESTON, FL 33326 US |
|---|--|

50015319



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

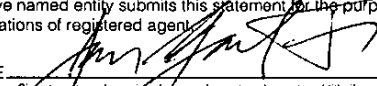
01122006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 13-4220888 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | |
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|---|-------------------|
| 7. Name and Address of New Registered Agent | |
| Name Jaime Gamboa | |
| Street Address (P.O. Box Number is Not Acceptable) 318 Indian Trace #451 | |
| City Weston | FL Zip Code 33326 |

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|---|------------------|
| 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  | DATE 04/07/06 |

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|---|---|
| <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p> | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <p>PSTD GAMBOA, JAIME <input type="checkbox"/> Delete</p> <p>12525 ORANGE DR., SUITE 704 DAVIE, FL 33300</p> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>318 Indian trace #451 Weston, FL 33326.</p> |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | Date 1/12/06 | Daytime Phone # (954) 6591615 |
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