

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000125283

FILED
Jul 13, 2005
Secretary of State

Entity Name: TITLE INSURANCE AGENCY OF FLORIDA, INC.

Current Principal Place of Business:

15715 S DIXIE HWY SUITE 407
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

15715 S DIXIE HWY SUITE 407
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 41-2068568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, LESLIE
16720 SW 86 CT
VILLAGE OF PALMETTO BAY, FL 33157 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RODRIGUEZ, LESLIE
Address: 16720 SW 86 CT
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RODRIGUEZ, LESLIE
Address: 16720 SW 86 CT
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: V.P. () Change (X) Addition
Name: RODRIGUEZ, JUAN A
Address: 16720 SW 86 CT
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

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: JUAN RODRIGUEZ

V.P.

07/13/2005

Electronic Signature of Signing Officer or Director

Date