

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000130566

**FILED**  
**Jan 20, 2004**  
**Secretary of State**

**Entity Name:** ROCKLAND TITLE INSURANCE COMPANY

**Current Principal Place of Business:**

300 SOUTH PINE ISLAND RD. STE 248  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

300 SOUTH PINE ISLAND RD. STE 248  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 27-0039016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IJUROBI, KENNETH C  
612 SW 76 TERRACE  
NORTH LAUDERDALE, FL 33068 US

**Name and Address of New Registered Agent:**

OJIYI, INGRAM  
6635 WEST COMMERCIAL BLVD.  
SUITE 113  
TAMARAC, FL 33319 US

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: INGRAM OJIYI

01/20/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHINWEZE, INNOCENT O  
Address: 300 SOUTH PINE ISLAND RD. STE 248  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: INNOCENT O. CHINWEZE

P

01/20/2004

Electronic Signature of Signing Officer or Director

Date