## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000003317

MIAMI, FL 33172

City-St-Zip:

Entity Name: FLORIDA TITLE MANAGEMENT, CORP.

FILED Mar 21, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 250 0NW 107 AVE. 2500 NW 107 AVE. #402 #402 MIAMI, FL 33122 MIAMI, FL 33122 **Current Mailing Address: New Mailing Address:** 250 0NW 107 AVE. 2500 NW 107 AVE. #402 #402 MIAMI, FL 33122 MIAMI, FL 33122 FEI Number: 81-0589851 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, O.J. 7951 SW 40TH ST., SUITE 206 MIAMI, FL 33155 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CASTILLO, JOCELYNE Name: Name: 2500 NW 107 AVE., #402 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: ( ) Delete Title: VSD Title: () Change () Addition Name: AMARAN, ALIUSKA Name: 2500 NW 107 AVE., #402 Address: 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: JOCELYNE CASTILO PRES 03/21/2005