


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90022 008 ***150.00

DOCUMENT # P03000011296	
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1. Entity Name GOLD LEAF TITLE COMPANY	Principal Place of Business 2720 CORAL WAY MIAMI, FL 33145	Mailing Address 2720 CORAL WAY MIAMI, FL 33145
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03302004 Chg-P CR2E034 (10/03)

4. FEI Number 37-1456845	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SCHLOSBERG, DAVID I 2720 CORAL WAY 4TH FLOOR MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name
Street Address (P.O.-Box Number is Not Acceptable)
City
FL Zip Code

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	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
D	HEFFERNAN, WILLIAM J
<input type="checkbox"/> Delete	2720 CORAL WAY
	MIAMI, FL 33145
TITLE	NAME
DP	SCHLOSBERG, DAVID I
<input type="checkbox"/> Delete	2720 CORAL WAY
	MIAMI, FL 33145
TITLE	NAME
DVP	FERNANDEZ, LYDIA A
<input type="checkbox"/> Delete	2720 CORAL WAY
	MIAMI, FL 33145
TITLE	NAME
VPT	FANEGO, CARMEN
<input type="checkbox"/> Delete	2720 CORAL WAY
	MIAMI, FL 33145
TITLE	NAME
S	PEREZ-SOTO, MARIA T
<input type="checkbox"/> Delete	2720 CORAL WAY
	MIAMI, FL 33145
TITLE	NAME
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:	<i>DAVID I. SCHLOSBERG</i>	DATE:	MAR. 30, 2004	DAYTIME PHONE #	305-476-6269
DAVID I. SCHLOSBERG, PRES.					