

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2006 8:00 am
Secretary of State

07-20-2006 90001 008 ***150.00

DOCUMENT # P03000011296

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**

40100243



DO NOT WRITE IN THIS SPACE

07142006 No Chg-P CR2E034 (11/05)

4. FEI Number
37-1456845

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHLOSBERG, DAVID I
2720 CORAL WAY
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

*** 10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HEFFERNAN, WILLIAM J
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DP
NAME	SCHLOSBERG, DAVID I
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DVP
NAME	FERNANDEZ, LYDIA A
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	VPT
NAME	GARCIA, CARLA
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	S
NAME	PEREZ-SOTO, MARIA T
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, or both, other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carla I. Garcia

July 14, 2006 (305) 476-6255

Date

Daytime Phone #

STOP PAYMENT REQUEST ORDER FOR CHECKS AND ACH ENTRIES

TRANSACTION TYPE: ☐ ACH/ELECTRONIC CHECK ☐ CHECK/SHARE DRAFT ☐ PAPER DRAFT

☒ WRITTEN REQUEST - ORIGINAL

☐ WRITTEN REQUEST - RENEWAL

☐ VERBAL REQUEST

Today's Date: 7/14/2006

Time: 4:45

☐ a.m. ☒ p.m.

Account No.: 20050106

Account Type: ☒ Checking/Share Draft ☐ Savings/Share

Account Name: Gold Leaf Title 66m8any

Expected Clearing Date:

Payable To: Florida Department of State

Transaction Amount: 150.00

Check Serial Number(s) 2025

For POP, RCK, and ARC ACH Debits, and Check/Share Drafts or Paper Drafts

Reason for Stop Payment: lost in mail

ATTACHMENT

40100243
#P03000412916

Note: Stop payment requests should not be placed on entries that have already posted. Refer to Article Seven of the current ACH Rules book for the rules surrounding stop payments of ACH and Electronic Check items.

Refer to Appendix Five for explanation of the Return Reason Codes used in relation to stop payments. The stop payment return reason code for all ACH items is R08, except when the stop payment was placed on the source document (i.e. paper check) relating to an ARC item (R38) or RCK item (R52).

*For verbal requests of stop payments, the financial institution will provide this form to the account holder for signature. The signed form must be returned to the financial institution by the date specified by the financial institution. The verbal stop payment order will cease to be binding after 14 calendar days.

STOP PAYMENT TERMS AND CONDITIONS

On the terms hereinafter set out, the undersigned account holder hereby instructs Totalbank (financial institution name), hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment order shall remain in effect for a) six months; b) until written notice is received from the account holder to revoke the stop payment order; or c) until payment of the entry has been stopped, whichever occurs first. The account holder may renew this request when the six-month period has expired by completing a new Stop Payment Request Order. For recurring ACH debits, this order is effective for a one-time stop payment only, and is only stopping one transaction. This order will NOT stop future recurring debits.

By directing the financial institution to stop payment on the above transaction(s), the account holder agrees to hold the financial institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the financial institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received in time to give the financial institution reasonable time to act upon it. Check one of the following boxes:

☐ For PPD entries and recurring WEB entries:

Three banking days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three banking days of the expected transfer date, the financial institution will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided. _____ (Account Holder initial here.)

☐ For all other transaction types:

Check/Share Draft	ARC Entry	CTX Entry	TEL Entry	WEB Entry (Single entry only)
Paper Draft	CCD Entry	RCK Entry	POP Entry	

The stop payment request must be provided to the financial institution in such a time and in such a manner as to allow the financial institution reasonable time to act on the request prior to acting on the paper item or ACH entry. _____ (Account Holder initial here.)

The account holder also understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify the financial institution for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

A charge, as reflected below, will be assessed to the account holder as payment for implementing this order.

☐ FEE ASSESSED: \$ N/C

I FURTHER DEPOSE AND SAY THAT THE DEBIT TRANSACTION DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME, AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

7/14/2006

Maria Perez Soto

Maria Perez Soto

Date

Account Holder Signature

Print Name

7/14/2006

Ivana Bofill-Alonso

Date

Financial Institution Representative

Print Name

Transaction Type Definitions

ACH:

An ACH debit is an electronic transaction to an account that has been preauthorized by the account holder. It may be a one-time debit or recurring. When placing a stop payment on a recurring ACH transaction, you are stopping one payment only, but future debits may continue to be posted. If you wish to stop payment on all future transactions, you must contact the Originator. A PPD is a consumer transaction, and CCD and CTX are corporate transactions.

Electronic Check:

Point-of-Purchase (POP) - This is an ACH debit that was authorized at the Point of Purchase when the account holder provided a check for the retailer to scan to obtain account information. The account holder signed an authorization, a copy of which was returned to the account holder with the voided check.

Represented Checks (RCK) - This is a paper check that has been returned for NSF or uncollected funds through regular check clearing channels. The check has now been re-presented as an ACH debit.

Accounts Receivable Check (ARC) - This is a paper check that was sent through the mail as payment for goods or services, which has now been converted to an ACH debit due to an agreement between the account holder and the originator of the ACH debit.

Internet-Initiated Entries (WEB) - This is an ACH debit that was authorized over the Internet. These can be single entries or recurring.

Telephone (TEL) - This is an ACH debit that was authorized over the telephone. This is a one-time (single) entry.

Paper Check Items:

These items clear through regular check processing channels.

Check/Share Draft - A draft for funds written by an account holder, drawn on a checking or share draft account. This item bears the account holder's signature.

Paper Draft - A paper check that was not written by the account holder but that was authorized by the account holder (e.g., over the phone). This item does not bear the account holder's signature.

ATTACHMENT 40100243
#103000011296

GOLD LEAF TITLE COMPANY
2720 CORAL WAY 4TH FLOOR
MIAMI, FL 33145

2025

DATE January 6, 2006

63-915/860
BRANCH 040

PAY
TO THE ORDER OF FLORIDA DEPARTMENT OF STATE

\$ 150.00

ONE HUNDRED FIFTY AND 00/100

DOLLARS



TALBANK


MAIN OFFICE BRANCH 40
2720 Coral Way
Coral Gables, FL 33145-3271

FOR Annual Report -2006

MP

Mailed. 1/6/06

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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SIGNATURE David I. Schlosberg Jan 6, 2006 (306) 476-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT



40100243

P03000011296

July 14, 2006

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

Re: Gold Leaf Title Company

Dear Sir or Madam:

On January 6, 2006 check number 2025 in the amount of \$150.00 was drafted and sent along with the 2006 Annual Report in order to maintain Gold Leaf Title Company as an active corporation (please refer to the attached documentation).

Recently, we realized that the 2006 Annual Report and Fee were misplaced in the mail and were never received by the Division of Corporations.

Upon realizing that Gold Leaf Title Company was inactive, we quickly placed a phone call and tracked the check in order to determine what occurred. A Division of Corporation staff member instructed us to resend the application with a letter explaining the situation and remitting the fee.

Please accept the enclosed 2006 Annual Report and Fee and advise as to what further action, if any, needs to be taken.

Thank you and should you have any questions or need any additional information, please do not hesitate to contact this office.

Sincerely,



Carla L. Garcia, Esq.

Vice President

Gold Leaf Title Company

cc: Division of Corporations c/o PO Box 6198, Tallahassee, Florida 32314-6198