2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000031905

1. Entity Name
JMI TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
7270 NW 12 STREET STE 740 MIAMI, FL 33126	7270 NW 12 STREET STE 740 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

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04172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
37-1461796	Not Applicable

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

6. Name and Address of Current Registered Agent

PILES, JUAN J
7270 N.W. 12TH STREET, SUITE 545
MIAMI, FL 33126

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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 **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

TITLE	PD
NAME	PEREZ, MARIA T
STREET ADDRESS	16361 S.W. 66 ST.
CITY-ST-ZIP	MIAMI, FL 33193

TITLE	CEO
NAME	PILES, JUAN J
STREET ADDRESS	7270 NW 12TH ST., STE.740
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Maria T. Pee*   Maria T. Perez   4/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #