2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

DOCUMENT # P03000046234 1. Entity Name MERIDIAN TITLE GROUP, INC. Principal Place of Business Mailing Address			04-21-2005 90224 013 ***150.00	
6800 SW 75 MIAMI, FL 3	AVENUE ·	6800 SW 75 AVENUE MIAMI, FL 33143		
2. Principal Place of Business 9920 SW 74 C+ 9920 SW 7 Suite, Apt. #, etc. 3. Mailing Address 9920 SW 7 Suite, Apt. #, etc.			4 Ct.	04152005 Chg-P CR2E034 (10/03)
City & State	est, FL	Pinecrest, F	untry	4. FEI Number Applied For 20-0006703 Not Applicable 5. Certificate of Status Decired S.75 Additional
3315	6. Name and Address of Current R		<u> 5.</u>	5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent
MUNOZ, PATRICIA A 6800 SW 75 AVENUE MIAMI, FL 33143 Name Munoz, Patricia A. Street Address (P.O. Box Number is Not Acceptable) 9920 SW 74 Ct. City Pinecnes T FL Zip Code 53156				
8. The above named entity submits his statement or 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, type or printed name of registered agent and tills I applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND D			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MUNOZ, RICHARD A 6800 SW 75 AVENUE MIAMI, FL 33143	N. Si	AME METREET ADDRESS 992	unoz, Richard A. O SW 74 Ct. ecres t, FL 33156
NAME STREET ADDRESS CITY-ST-ZIP	VP MUNOZ, PATRICIA A 6800 SW 75 AVENUE MIAMI, FL 33143	N/ S1	TLE VP	noz, Patricia A. Schange Addition and Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N- ST	TLE AME IREET ADDRESS ITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N#	TLE AME IREET ADDRESS ITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N# ST	TLE AME IREET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N/ SI	TLE AME IREET ADDRESS ITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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 service of 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 attaching with an afforess, with all other like empowered.				