

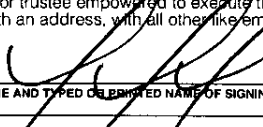


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90412 041 \*\*\*150.00

<b>DOCUMENT # P03000046836</b>					
<b>1. Entity Name</b> LOYAL TITLE INC.					
<b>Principal Place of Business</b> 888 BRICKELL KEY DR APT 608 MIAMI, FL 33131			<b>Mailing Address</b> 888 BRICKELL KEY DR APT 608 MIAMI, FL 33131		
<b>2. Principal Place of Business</b> 3191 CORAL WAY Suite, Apt. #, etc. Penthouse 204 City & State MIAMI, FL Zip 33145 Country USA		<b>3. Mailing Address</b> 3191 CORAL WAY Suite, Apt. #, etc. Penthouse 204 City & State MIAMI, FL Zip 33145 Country USA			
					
<b>4. FEI Number</b> 04282004		Chg-P      CR2E034 (10/03)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> LEAL, LEANDRO O 888 BRICKELL KEY DR APT 608 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name <u>LEANDRO O. LEAL</u> Street Address (P.O. Box Number is Not Acceptable) <u>3191 CORAL WAY, Penthouse 204</u> City <u>MIAMI</u> FL Zip Code <u>33145</u>		
<b>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.</b> SIGNATURE:  DATE: <u>4/29/04</u> <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEAL, LEANDRO O 888 BRICKELL KEY DR APT 608 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MERCY SALADAGNOS BROOKS 3191 CORAL WAY, PH 204 MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			4/29/04      305.445.8411 <small>Signature and typed or printed name of signing officer or director      Date      Daytime Phone #</small>		