

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060576

FILED
May 01, 2004
Secretary of State

Entity Name: ROCK SOLID TITLE CORP.

Current Principal Place of Business:

6501 N.W. 36TH ST., SUITE 101
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6501 N.W. 36TH ST., SUITE 101
MIAMI, FL 33166

New Mailing Address:

FEI Number: 56-2362701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, MICHELLE G
11402 N.W. 41ST ST., SUITE 202
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRES, MICHELLE G
Address: 11402 NW 41ST ST, SUITE 202
City-St-Zip: MIAMI, FL 33178

Title: VD () Delete
Name: KAWA, MALKI
Address: 6501 NW 36TH ST., SUITE 101
City-St-Zip: MIAMI, FL 33166

Title: SD () Delete
Name: VADILLO, MANUEL J
Address: 11402 NW 41ST ST., SUITE 202
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE TORRES

PD

05/01/2004

Electronic Signature of Signing Officer or Director

_____ Date