

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063788

FILED  
Apr 19, 2004  
Secretary of State

**Entity Name:** FALLS TITLE INSURANCE COMPANY

**Current Principal Place of Business:**

2250 NW 136 AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

2250 NW 136TH AVE  
SUITE # 100  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

290 NW 165 ST PH 4 CITICENTRE  
MIAMI, FL 33169

**New Mailing Address:**

2250 N.W. 136TH AVE  
SUITE # 100  
PEMBROKE PINES, FL 33028

**FEI Number:** 41-2099163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOROTA, ALAN M  
290 NW 165 ST PH4 CITICENTRE  
MIAMI, FL 33169

**Name and Address of New Registered Agent:**

SOROTA, ALAN M  
2250 N.W. 165TH STREET  
SUITE # 100  
PEMBROKE PINES, FL 33028

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

04/19/2004

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SOROTA, ALAN M  
Address: 13182 NW 23 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ALAN SOROTA

P

04/19/2004

Electronic Signature of Signing Officer or Director

Date