

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000096435

1. Entity Name
ARIES TITLE, INC.



Principal Place of Business
**720 GOODLETTE RD NORTH
SUITE 304
NAPLES, FL 34102**

Mailing Address
**720 GOODLETTE RD NORTH
SUITE 304
NAPLES, FL 34102**



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **56-2422112** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARC L. SHAPIRO, P.A.
720 GOODLETTE RD NORTH
SUITE 304
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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**

**U000000480454
04/10/06-80044-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SHAPIRO, MARC L**
STREET ADDRESS **720 GOODLETTE RD NORTH, SUITE 304**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **VP**
NAME **BLUESTEIN, JEFF**
STREET ADDRESS **720 GOODLETTE RD NORTH, SUITE 304**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE
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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:

Marc L. Shapiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

Date

239-649-8050

Daytime Phone #