

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102077

FILED
Apr 29, 2004
Secretary of State

Entity Name: AMERICAN EXCHANGE TITLE CO.

Current Principal Place of Business:

2300 GLADES ROAD
SUITE 205W
BOCA RATON, FL 33431 US

Current Mailing Address:

13600 SW 84 AVENUE
PALMETTO BAY, FL 33158 US

New Principal Place of Business:

999 PONCE DE LEON BOULEVARD
SUITE 705
CORAL GABLES, FL 33134 US

New Mailing Address:

999 PONCE DE LEON BOULEVARD
SUITE 705
CORAL GABLES, FL 33134 US

FEI Number: 56-2399114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANEGAS, ARI
13600 SW 84 AVENUE
PALMETTO BAY, FL 33158 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: P () Delete
Name: CRESPO, MANUEL L
Address: 2701 PONCE DE LEON BLVD., 302
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V () Delete
Name: BANEGAS, ARI
Address: 13600 SW 84 AVE
City-St-Zip: PALMETTO BAY, FL 33158 US

Title: S () Delete
Name: VICTORES, ABEL
Address: 3120 SW 112TH AVE
City-St-Zip: MIAMI, FL 33165

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: CRESPO MANUEL

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date