


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000128125 1. Entity Name TOP OF THE WORLD TITLE, INC.						40056431	
Principal Place of Business 2720 SW 97TH AVE SUITE 104 MIAMI, FL 33165				Mailing Address 2720 SW 97TH AVE SUITE 104 MIAMI, FL 33165			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 35-2218233				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BENITEZ, ROLANDO 9240 SW 72ND ST, SUITE 100 MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P RODRIGUEZ, BARBARA J 2720 SW 97TH AVE SUITE 104 MIAMI, FL 33165				TITLE NAME STREET ADDRESS CITY-ST-ZIP RODRIGUEZ, JUANA 2720 SW 97 AVENUE SUITE 104 MIAMI, FL 33165			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP HERMIDA, CARIDAD 2720 SW 97TH AVE SUITE 104 MIAMI, FL 33165				TITLE NAME STREET ADDRESS CITY-ST-ZIP VP RODRIGUEZ, BARBARA J 2720 SW 97 AVENUE SUITE 104 MIAMI, FL 33165			
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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.				SIGNATURE _____ DATE _____ DAYTIME PHONE # _____			