

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000034582

1. Entity Name
TITLE MARKET OF BROWARD, INC.



Principal Place of Business
1450 WEST COPANS ROAD
POMPANO BEACH, FL 33064

Mailing Address
1450 WEST COPANS ROAD
POMPANO BEACH, FL 33064

2. Principal Place of Business
1751 COPANS RD.
Suite, Apt. #, etc.

3. Mailing Address
1751 COPANS RD.
Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL.
Zip *33064* Country *USA*

City & State
POMPANO BEACH, FL.
Zip *33064* Country *USA*

4. FEI Number
200773047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*HAGEN, MAX M'ESQ.
3531 GRIFFIN ROAD
FT. LAUDERDALE, FL 33312*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *PD*
NAME *ESQUENAZI, ROBERTO*
STREET ADDRESS *1450 WEST COPANS ROAD*
CITY-ST-ZIP *POMPANO BEACH, FL 33064*

Delete

TITLE *PD*
NAME *ESQUENAZI, ROBERTO*
STREET ADDRESS *1751 COPANS RD.*
CITY-ST-ZIP *POMPANO BEACH, FL 33064*

Change Addition

TITLE *STD*
NAME *ESQUENAZI, CAROL*
STREET ADDRESS *1450 WEST COPANS ROAD*
CITY-ST-ZIP *POMPANO BEACH, FL 33064*

Delete

TITLE *STD*
NAME *ESQUENAZI, CAROL*
STREET ADDRESS *1751 COPANS RD.*
CITY-ST-ZIP *POMPANO BEACH, FL 33064*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Carol Esquenazi*

CAROL ESQUENAZI

04-12-05

954-934-0013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

50037101

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90314 050 ***150.00