

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90206 019 \*\*\*150.00

**DOCUMENT # P04000053921**

1. Entity Name  
**SUNATLANTIC TITLE COMPANY**



Principal Place of Business  
**13599 BISCAYNE BLVD.  
136  
NOTH MIAMI BEACH, FL 33181**

Mailing Address  
**13599 BISCAYNE BLVD.  
136  
NOTH MIAMI BEACH, FL 33181**

14003300



2. Principal Place of Business  
**13599 Biscayne Blvd**  
Suite, Apt. #, etc.  
**107**  
City & State  
**North Miami Beach, FL**  
Zip  
**33181**  
Country  
**USA**

3. Mailing Address  
**13599 Biscayne Blvd**  
Suite, Apt. #, etc.  
**107**  
City & State  
**North Miami Beach, FL**  
Zip  
**33181**  
Country  
**USA**

03022005 Chg-P CR2E034 (10/03)

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ADRIANA, RODRIGUEZ  
3215 NE 184TH STREET  
14-113  
AVENTURA, FL 33160**

7. Name and Address of New Registered Agent  
Name **Karlene Gray**  
Street Address (P.O. Box Number is Not Acceptable)  
**15280 SW 47th ST**  
City **MIRAMAR** FL Zip Code **33027**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP KARLEEN, GRAY 15280 SW 47TH STREET MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karlene Gray 15280 SW 47th ST MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 a address, with all other like empowered.

SIGNATURE: Karlene Gray 4/26/05 305 341 3425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #