


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90185 014 ***150.00

DOCUMENT # P04000091268 1. Entity Name KEY ISLAND TITLE COMPANY					
Principal Place of Business 2801 PONCE DE LEON BLVD., #320 CORAL GABLES, FL 33134			Mailing Address 2801 PONCE DE LEON BLVD., #320 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 3191 Coral Way		3. Mailing Address 3191 Coral Way			
Suite, Apt. #, etc. Suite # 1000		Suite, Apt. #, etc. Suite 1000			
City & State Miami, FL		City & State Miami, FL			
Zip 33145		Country USA		4. FEI Number 34-1999666	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DIAZ, HECTOR 2801 PONCE DE LEON BLVD., #320 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Diaz, Hector Street Address (P.O. Box Number is Not Acceptable) 3191 Coral Way, Suite 1000 City Miami FL Zip Code 33145		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD DIAZ, HECTOR 2801 PONCE DE LEON BLVD., #320 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3191 Coral Way, Suite 1000 Miami, FL 33145	
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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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: _____ 4/15/07 (305) 444-5841 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					