


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P04000131276 1. Entity Name INFINITI TITLE INSURANCE AGENCY, INC. |  |
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| Principal Place of Business 2833 SW BRIGHTON ST. PORT SAINT LUCIE, FL 34953 US | Mailing Address 2833 SW BRIGHTON ST. PORT SAINT LUCIE, FL 34953 US |
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04022008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 20-1638166 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HEINS, LAURA A
3416 PALM COURT
TEQUESTA, FL 33469

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

UN0000880892
04/15/08-80079-017 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVT HEINS, LAURA A 3416 PALM COURT TEQUESTA, FL 33469 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S EVASIUS, NICOLE 2745 S OLIVE AVENUE W PALM BEACH, FL 33405 |
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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:  LAURA HEINS 4-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #