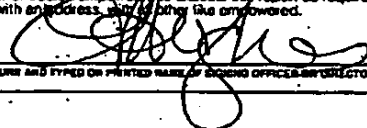


FILED
Mar 04, 2005 8:00 am
Secretary of State

01-10-2005 90023 001 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000141649			
1. Entity Name VERSATILE TITLE & ESCROW, INC.			
Principal Place of Business 6900 BISCAYNE BLVD. SUITE 1 MIAMI, FL 33138		Mailing Address 6900 BISCAYNE BLVD. SUITE 1 MIAMI, FL 33138	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1747889		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL, TRACY L 6900 BISCAYNE BLVD. SUITE 1 MIAMI, FL 33138		7. Name and Address of New Registered Agent Name: Debra Butler Street Address (P.O. Box Number is Not Acceptable): 6900 Biscayne Blvd #1 City: Miami FL 33138	
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: Debra S. Butler DATE: 1-6-05 Signature typed in printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)			
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D POWELL, TRACY L 6900 BISCAYNE BLVD. SUITE 1 MIAMI, FL 33138 ☒ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Debra S. Butler 6900 Biscayne Blvd. Suite 1 Miami, FL 33138 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Justin R. Hughes II 6900 Biscayne Blvd Suite 1 MIAMI, FL 33138 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dan Rodriguez 6900 Biscayne Blvd #1 Miami, FL 33138 ☒ 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
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, and is duly authorized.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR			