

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145904

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: PRESTIGE TITLE SPECIALISTS, INC.

## Current Principal Place of Business:

11900 BISCAYNE BOULEVARD  
SUITE 600  
MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

11900 BISCAYNE BOULEVARD  
SUITE 600  
MIAMI, FL 33181

## New Mailing Address:

11900 BISCAYNE BOULEVARD  
SUITE 600  
MIAMI, FL 33181

FEI Number: 20-1782640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUARIGLIA, MARK T  
11900 BISCAYNE BOULEVARD  
SUITE 600  
MIAMI, FL 33181 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: FAJARDO, ADRIANA M  
Address: 11900 BISCAYNE BOULEVARD, SUITE 600  
City-St-Zip: MIAMI, FL 33181

Title: VD ( ) Delete  
Name: RAULT, RAYMOND  
Address: 4775 COLLINS AVENUE, APT. 1107  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S/D ( ) Delete  
Name: GUARIGLIA, MARK T  
Address: 11900 BISCAYNE BOULEVARD, SUITE 600  
City-St-Zip: MIAMI, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: RAULT, RAYMOND  
Address: 4775 COLLINS AVENUE, APT. 4203  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S/D (X) Change ( ) Addition  
Name: GUARIGLIA, MARK T  
Address: 11900 BISCAYNE BOULEVARD, SUITE 600  
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA FAJARDO

P

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date