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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FORTUNE TITLE GROUP INC
DOCUMENT NUMBER: P05 0000 31 25 7
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria Ramire Z  Name of Contact Person
Fortune Title 61000 Inc
2645 SW 37 Ave #70] Address
Miami FC 33133 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria Ramiret at 786, 3467986  Name of Contact Person at Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Division of Corporations  Street Address:  Amendment Section  Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of +\0 /1 O\0.
1. The name of the corporation: Fortune Title Group Inc.
2. The principal office address: 2645 SW 37 Are #701  Miami FL 33133
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 2 28 05 Document number: P050000 3125
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Terminello + Terminello PA ES 3
_2700 SW 37 Are
Miami FC 33133
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Maria lamiret De N
P.O Box NOT acceptable
Miami PC 33133
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Maria Ramire et Prosidon  Printed or typed name and title  Prosidon
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent  7 7 0 9  Date
If signing on behalf of an entity:
M
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*