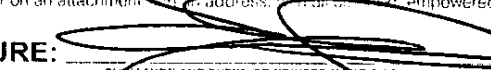


06-07-2006 90001 039 ***158.75

DOCUMENT # P05000150826				06-07-2006 90001 039 ***158.75	
1. Entity Name CASALINA TITLE & ESCROW INC.					
Principal Place of Business 2760 W ATLANTIC BLVD POMPAÑO BEACH, FL 33069		Mailing Address 2760 W ATLANTIC BLVD POMPAÑO BEACH, FL 33069			
2. Principal Place of Business 2758 W ATLANTIC BLVD 1		3. Mailing Address		40094016	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc.		05132006 Chg-P CR2E034 (11/05)	
City & State 3 Pompano Beach		City & State		4. FEI Number 204098883	
Zip FL		Country USA		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINARES, CESAR B 2758 W ATLANTIC BLVD STE 4 POMPAÑO BEACH, FL 33069				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 		CESAR B LINARES		5/20/2006	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P LINARES, CESAR B 2760 W ATLANTIC BLVD POMPAÑO BEACH, FL 33069 ☐ Delete			VP. DAVID P. PICCOLI 16909 N BAY RD #415 SUNNY ISLES BEACH, FL 33160. ☐ Change ☒ Addition		
VP DAVID P. PICCOLI 16909 N BAY RD #415. SUNNY ISLES BEACH FL 33160 ☐ Delete			SECRETARY DAVID P. PICCOLI 16909 N BAY RD #415. SUNNY ISLES BEACH FL 33160. ☐ Change ☒ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			TREASURER SILVIA SAIZO 2760 W ATLANTIC BLVD. POMPAÑO BEACH, FL 33069 ☐ Change ☒ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
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, or on an attachment empowered.					
SIGNATURE: 		615100. 9549699221.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			