


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90303 013 \*\*\*150.00

<b>DOCUMENT # P05000164575</b>	
1. Entity Name <b>BARRISTER TITLE &amp; ESCROW, INC.</b>	

Principal Place of Business <b>610 NW 183RD STREET SUITE 202 MIAMI GARDENS, FL 33169</b>	Mailing Address <b>610 NW 183RD STREET SUITE 202 MIAMI GARDENS, FL 33169</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40088164



04262006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent	
<b>BENJAMIN, CHRISTOPHER E 610 NW 183RD STREET SUITE 202 MIAMI GARDENS, FL 33169</b>	

4. FEI Number <b>20-4810153</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
<b>BARRISTER LAW OFFICES, P.A. 610 NW 183 STREET SUITE 202 MIAMI GARDENS FL 33169</b>	

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  (NOTE: Registered Agent signature required when reappointing) DATE **5/1/06**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO BENJAMIN, CHRISTOPHER E 610 NW 183RD STREET, SUITE 202 MIAMI GARDENS, FL 33169</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  DATE **5/1/06** Daytime Phone **(305) 690-9356**