

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030455

FILED
Feb 19, 2009
Secretary of State

Entity Name: FLORIDA TITLE TEAM INC

Current Principal Place of Business:

2828 CORAL WAY
SUITE 400
CORAL GABLES, FL 33145

New Principal Place of Business:

5201 BLUE LAGOON DR.
SUITE 939/948
MIAMI, FL 33126

Current Mailing Address:

2828 CORAL WAY
SUITE 400
CORAL GABLES, FL 33145

New Mailing Address:

5201 BLUE LAGOON DR.
SUITE 939/948
MIAMI, FL 33126

FEI Number: 26-0224853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSAD, JENNY H
2828 CORAL WAY
400
CORAL GABLES, FL 33145 US

Name and Address of New Registered Agent:

MASSAD, JENNY H
5201 BLUE LAGOON DR.
SUITE 939/948
MIAMI, FL 33126 US

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: JENNY MASSAD

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASSAD, JENNY H
Address: 2828 CORAL WAY SUITE 400
City-St-Zip: CORAL GABLES, FL 33145

Title: P () Delete
Name: MARTINEZ, ALIUSKA
Address: 2828 CORAL WAY SUITE 400
City-St-Zip: CORAL GABLES, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASSAD, JENNY H
Address: 5201 BLUE LAGOON DR. SUITE 939/948
City-St-Zip: MIAMI, FL 33126

Title: P (X) Change () Addition
Name: MARTINEZ, ALIUSKA
Address: 5201 BLUE LAGOON DR. SUITE 939/948
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALIUSKA MARTINEZ

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date