

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105871

FILED
Apr 20, 2009
Secretary of State

Entity Name: CLOSING AND TITLE INSURANCE AGENCY, INC

Current Principal Place of Business:

21355 E DIXIE HIGHWAY
107
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21355 E DIXIE HIGHWAY
107
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-1124100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORKIDI, MOISES
19539 PRESIDENTIAL WAY
NORTH MIAMI BEACH, FL 33179 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 () Delete
Name: CORKIDI, MOISES
Address: 19539 PRESIDENTIAL WAY
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VD () Delete
Name: LEVIN, ERIK
Address: 21399 MARINA COVE CIRCLE #1414
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MOISES CORKIDI

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date