

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000105871

FILED
Jun 15, 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:**MARK J. LYNN PA
21355 E DIXIE HIGHWAY
107
NORTH MIAMI BEACH, FL 33180 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: MARK LYNN

06/15/2009

Electronic Signature of Registered Agent

Date

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**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change () Addition
Name: LYNN, MARK
Address: 21355 E DIXIE HIGHWAY
City-St-Zip: AVENTURA, FL 33179**Title:** D (X) Change () Addition
Name: LEVIN, ERIK
Address: 21399 MARINA COVE CIRCLE #1414
City-St-Zip: AVENTURA, FL 33180**Title:** D () Change (X) Addition
Name: CORKIDI, MOISES
Address: 19539 PRESIDENTIAL WAY
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: MARK LYNN

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date