

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130304

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: FIRST FLORIDIAN TITLE INC

## Current Principal Place of Business:

13798 NW 4TH STREET  
SUITE 315  
SUNRISE, FL 33325 US

## New Principal Place of Business:

5973 NW 173 RD DRIVE  
SUITE 3  
MIAMI LAKES, FL 33015 US

## Current Mailing Address:

13798 NW 4TH STREET  
SUITE 315  
SUNRISE, FL 33325 US

## New Mailing Address:

5973 NW 173 RD DRIVE  
SUITE 3  
MIAMI LAKES, FL 33015 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOHAN, JOHN  
13798 NW 4TH STREET  
SUITE 315  
SUNRISE, FL 33325 US

## Name and Address of New Registered Agent:

ARCE, STEVE  
5973 NW 173 RD DRIVE  
SUITE 3  
MIAMI LAKES, FL 33015 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: STEVE ARCE

01/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOHAN, JOHN  
Address: 13798 NW 4TH STREET SUITE315  
City-St-Zip: SUNRISE, FL 33325 US

Title: VP (X) Delete  
Name: MOHAN, PETER  
Address: 13798 NW 4TH STREET SUITE315  
City-St-Zip: SUNRISE, FL 33325 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARCE, STEVE  
Address: 5973 NW 173 RD DRIVE SUITE 3  
City-St-Zip: MIAMI LAKES, FL 33015 US

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: STEVE ARCE

P

01/06/2008

Electronic Signature of Signing Officer or Director

Date