


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90284 023 \*\*\*150.00

**DOCUMENT # P92000009487**

1. Entity Name  
**U.S. FIDELITY TITLE COMPANY**



Principal Place of Business      Mailing Address

**201 ALHAMBRA CIRCLE**      **201 ALHAMBRA CIRCLE**  
**8TH FLOOR**      **8TH FLOOR**  
**CORAL GABLES, FL 33134 US**      **CORAL GABLES, FL 33134 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03312004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0378717**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KRONGOLD, M R**  
**201 ALHAMBRA CIRCLE**  
**8TH FLOOR**  
**CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing            **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ELDA M	
STREET ADDRESS	201 ALHAMBRA Alhambra Circle # 801	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TODD, LESLIE A	
STREET ADDRESS	7900 MIAMI LAKES DR W <i>Delete</i>	
CITY-ST-ZIP	MIAMI LAKES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRONGOLD, RANDI	
STREET ADDRESS	201 Alhambra Circle # 801	
CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ *4/7/04 305-446-3033*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #