

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000009487

FILED
Apr 04, 2005
Secretary of State

Entity Name: U.S. FIDELITY TITLE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 US

Current Mailing Address:

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

New Mailing Address:

FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 US

FEI Number: 65-0378717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KRONGOLD, M R
FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 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: _____

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, ELDA M
Address: 201 ALHAMBRA CIRCLE #801
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: TODD, LESLIE A
Address: 7900 MIAMI LAKES DR W
City-St-Zip: MIAMI LAKES, FL

Title: D (X) Delete
Name: KRONGOLD, RANDI
Address: 201 ALHAMBRA CIRCLE #801
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIS, ELDA M
Address: 1441 BRICKELL AVE., SUITE 1430
City-St-Zip: MIAMI, FL 33131 US

Title: D (X) Change () Addition
Name: KRONGOLD, RANDI M
Address: 1441 BRICKELL AVE., SUITE 1430
City-St-Zip: MIAMI, FL 33131 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELDA M DAVIS

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date