


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000012223 1. Entity Name GOLD TITLE, INC.	
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Principal Place of Business 201 ALHAMBRA CIR 8TH FLOOR CORAL GABLES, FL 33134	Mailing Address C/O US FIDELITY TITLE CO 201 ALBAMBA CIR.-801 CORAL GABLES, FL 33134 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0381922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000108148
 04/09/04-80043-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONGOLD, M R 201 ALHAMBRA CIR 8TH FLOOR MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDI, KRONGOLD 201 ALHAMBRA CIRCLE #801 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #