2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 25, 2008 08:00 AM Secretary of State DOCUMENT # P93000035677 · DOLPHIN TITLE OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 17280 NE 19TH AVE 17280 NE 19TH AVE NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 02132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0415793 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STRAUSS, RAY DO NOT WRITE 17270 NE 19TH AVE NORTH MIAMI BEACH, FL 33162 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE - 2/2/08 9. Election Campaign Financing #6651 FILE NOW!!! (FEE IS \$150.00) After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE STRAUSS, RAY NAME STREET ADDRESS 17270 NE 19TH AVE NORTH MIAMI BEACH, FL 33162 U00000836344 03/04/08-80012-019 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 apadrass, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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FILED