

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000083265

1. Entity Name  
TITLE PLUS COMPANY



**FILED  
Jan 19, 2005 08:00 AM  
Secretary of State**

Principal Place of Business  
6401 SW 87 AVENUE  
SUITE 100  
MIAMI, FL 33173

Mailing Address  
6401 SW 87 AVENUE  
SUITE 100  
MIAMI, FL 33173



**DO NOT WRITE IN THIS SPACE**

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0456303	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NAVARRO, JOSE A  
6401 SW 87 AVE.  
SUITE 100  
MIAMI, FL 33173

**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

(Signature, typed or printed name of registered agent and NIK if applicable)

(NOTE: Registered Agent signature is required when certifying)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, JOSE A 6401 SW 87 AVE., SUITE 100 MIAMI, FL 33173
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. NAVARRO

1/14/05 (305)630-3622

Date

Daytime Phone #