

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000015255**

1. Entity Name  
**WORLD-WIDE TITLE, INC.**



**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**9700 S DIXIE HIGHWAY  
SUITE 930  
MIAMI, FL 33156**

Mailing Address  
**9700 S DIXIE HIGHWAY  
SUITE 930  
MIAMI, FL 33156**



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0519926</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**MIAMI CORPORATE SYSTEMS, INC.  
203 CATALONIA - 2ND FLOOR  
MIAMI, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALLI, JOSE M 9700 S DIXIE HIGHWAY MIAMI, FL 33156
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000000041626  
02/09/04-80096-017 150.00

**DO NOT WRITE  
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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:** **JOSE M. PALLI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/04** **(305) 670 9849**  
Date Daytime Phone #