


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State


DOCUMENT # P94000029602

1. Entity Name
 TITLE AUTHORITY, INC.



Principal Place of Business 7336 W. 20 AVE. HIALEAH, FL 33016	Mailing Address 7336 W. 20 AVE. HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P GR2E034 (10/03)

4. FEI Number 65-0494121	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

BLANFORD, SHARON
 7336 W 20 AVEN
 HIALEAH, FL 33016

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

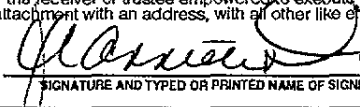
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANFORD, SHARON D. 7336 W. 20TH AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUIZ, GLADYS 7336 W 20 AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, NERVISA 7336 W 20 AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIEZ, JEANNETTE 7336 W 20 AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/04/04-80025-012 150.00

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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)(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:  Jeannette Diez **3/3/04** **305-825-2439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #