


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90032 043 ***550.00

DOCUMENT # P95000081801	
1. Entity Name SECURITY & GUARANTY TITLE COMPANY	

Principal Place of Business 7874 WEST FLAGLER STREET MIAMI, FL 33144	Mailing Address 7874 WEST FLAGLER STREET MIAMI, FL 33144
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50054958



2. Principal Place of Business 2260 S. DIXIE HIGHWAY	3. Mailing Address 2260 S. DIXIE HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02032005 Chg-P CR2E034 (10/03)

City & State MIAMI, FL. 33133	City & State MIAMI, FL.
Zip 33133	Country U.S.A.

4. FEI Number 65-0615172	Applied For <input type="checkbox"/> 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 LEAL, JOSE E 7874 W. FLAGLER ST. MIAMI, FL 33144	
7. Name and Address of New Registered Agent Name JOSE E. LEAL Street Address (P.O. Box Number is Not Acceptable) 1401 PONCE DE LEON BLVD. #202 City MIAMI, FL Zip Code 33133	

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 *Jose E. Leal* DATE 6/29/05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEAL, JOSE E 2260 S. DIXIE HWY MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 E. Leal* Date 6/29/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR