

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000087321</b> 1. Entity Name FLORIDA TITLE & ESCROW COMPANY	
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Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES, FL 33134 US	Mailing Address 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES, FL 33134 US
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UD00000134964  
04/28/04-80041-006 150.00



**DO NOT WRITE IN THIS SPACE**

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0737813	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

ARVESU, MANUEL M ESQ.  
201 ALHAMBRA CIRCLE  
SUITE 502  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (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	PD EXPOSITO, EDUARDO A 201 ALHAMBRA CIRCLE, SUITE 402 CORAL GABLES, FL 33134
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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, trustee or person 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:**  **4/24/04 305-442-2552**

Signature and typed or printed name of signing officer or director Date Daytime Phone #