

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State



DOCUMENT # P96000087321

1. Entity Name
FLORIDA TITLE & ESCROW COMPANY

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

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0737813** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PS
 NAME ARVESU, MANUEL M
 STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 502
 CITY-ST-ZIP CORAL GABLES, FL 33134

U00000558171
 05/17/06-80085-004 150.00

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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Manuel M. Arvesu

4/25/06 305-412-2518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #