

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056787

FILED  
May 03, 2004  
Secretary of State

Entity Name: NORTH AMERICAN TITLE GROUP, INC.

## Current Principal Place of Business:

700 NW 107 AVE.  
2ND FLOOR  
MIAMI, FL 33172 US

## New Principal Place of Business:

## Current Mailing Address:

700 NW 107 AVE.  
2ND FLOOR  
MIAMI, FL 33172 US

## New Mailing Address:

FEI Number: 65-0764516      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUTTERFIELD, BENJAMIN P ESQ.  
700 NW 107 AVE.  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: PEKOR, ALLAN J  
Address: 700 NW 107 AVENUE, SUITE 300  
City-St-Zip: MIAMI, FL 33172 US

Title: DP ( ) Delete  
Name: REED, LINDA  
Address: 700 NW 107 AVENUE, SUITE 300  
City-St-Zip: MIAMI, FL 33172 US

Title: DV ( ) Delete  
Name: KAMINSKY, NANCY  
Address: 700 NW 107 AVENUE, SUITE300  
City-St-Zip: MIAMI, FL 33172 US

Title: SVP ( ) Delete  
Name: KELLER, CLOTILDE  
Address: 700 NW 107 AVENUE, SUITE 300  
City-St-Zip: MIAMI, FL 33172 US

Title: SVP ( ) Delete  
Name: KASUNICK, RICHARD  
Address: 700 NW 107 AVENUE, SUITE 300  
City-St-Zip: MIAMI, FL 33172 US

Title: AS ( ) Delete  
Name: IRVINE, PATRICIA  
Address: 700 NW 107 AVENUE, SUITE 300  
City-St-Zip: MIAMI, FL 33172 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLOTILDE KELLER

S

05/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date