


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90052 038 ***150.00

DOCUMENT # P98000007415 1. Entity Name BROKER'S CHOICE TITLE COMPANY			
Principal Place of Business 5700 SW 110TH ST CORAL GABLES, FL 33156-5033 US		Mailing Address 5700 SW 110TH ST CORAL GABLES, FL 33156-5033 US	
2. Principal Place of Business 13633 DEERING BAY DRIVE PH 266 CORAL GABLES, FLORIDA 33158 U.S.A. <small>Zip Country</small>		3. Mailing Address 13633 DEERING BAY DRIVE PH 266 CORAL GABLES, FLORIDA 33158 U.S.A. <small>Zip Country</small>	
4. FEI Number 65-0807071		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALISH, EDWARD A 5700 SW 110TH ST CORAL GABLES, FL 33156-5033		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13633 DEERING BAY DRIVE PH 266 CORAL GABLES, FLORIDA 33158	
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: <u>Edward A. Kalish</u> EDWARD A. KALISH <u>4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KALISH, EDWARD A 5700 SW 110TH ST CORAL GABLES, FL 33156-5033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KALISH, EDWARD A 13633 DEERING BAY DRIVE, PH 266 CORAL GABLES, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Edward A. Kalish</u> EDWARD A. KALISH <u>4/11/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/11/05</u> Daytime Phone # <u>305-232-9506</u>	