

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103033

FILED
Apr 26, 2010
Secretary of State

Entity Name: CITY NATIONAL TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

25 WEST FLAGLER ST., #711
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

25 WEST FLAGLER ST., #711
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-0896634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOCKETT, WILLIAM E
25 WEST FLAGLER ST., #711
MIAMI, FL 33130 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: D
Name: SHOCKETT, WILLIAM E
Address: 25 WEST FLAGLER ST., #711
City-St-Zip: MIAMI, FL 33130

Title: D
Name: FERRAZ, RAMON
Address: 25 W FLAGLAR ST
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E. SHOCKETT

D

04/26/2010

Electronic Signature of Signing Officer or Director

Date