## 2006 FOR PROFIT CORPORATION

## **FILED** May 01, 2006 08:00 AM

ANNUAL	Secretary of State					
DOCUMENT # P990000051 1. Entity Name	75			Secre	eary or searce	
INTERNATIONAL TITLE CORP.						
Principal Place of Business 1221 BRICKELL AVE. ATTN: DIR OF FINANCE	Mailing Address 1221 BRICKELL AVE. ATTN: DIR OF FINANCE					
MIAM, FL 33131	MIAMI, FL 33131					
		<b></b>	04192006	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			4. FEI Numbe 65-089		Applied For Not Applical	_
6. Name and Address of Current Re	nistored Acoust	<del>,</del>	5. Certificate	of Status Desired	\$8.75 Additional fee Required	_
	Italiana Matir	1	-	1107 18	ir i i i i	
GARRETT, RICHARD 1221 BRICKELL AVE. SUITE 2100				NOT W		
MIAMI, FL 33131	<del></del>		IN I	THIS SF	ACE	
<ol><li>The above named entity submits this statement for the the obligations of registered agent.</li></ol>	e purpose of changing its register	ed office or register	red agent, or bot	h, in the State of Fl	osida. I am familiar with, and acce	P
SIGNATURESignalure, typed or printed name of registariod agent and	inte d'applicable. (NOTÉ Registere	d Agent signature required	i whan renalating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campalgn Final Trust Fund Contribution.		.00 May Be ed to Fees			
10. OFFICERS AND DIF	RECTORS	Ţ				
NAME LOUMIET, JUAN P SIREET ADDRESS 1221 BRICKELL AVE., #2100	. <del>-</del>					
CITY-ST-ZIP MIAMI, FL 33131						
TITLE VP NAME LASH, NANCY B				000000 -05/11/ <b>06</b> -	)546548 -80118-020 150.00	
SIRELI ADDRESS   1221 BRICKELL AVENUE, #2100   CITY-SI-ZIP   MIAMI, FL 33131				= -		
TATLE T NAME HIRSCH, DAVID B	. –		-			
STREET ADDRESS 1221 BRICKELL AVENUE GIY-SI-ZIP MIAMI, FL 33131		•	DO	NOT W	RITE	
ME				THIS SE		
NAME STREET ADDRESS GITY-ST-ZIP			** *			
DILE NAME						
Striet adores City-S1-Zip						

12. Thereby 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: DAULD & HILBER DE DENER OF BIGHING OFFICER ON BURECTOR 305-579-6500 Cayting Phone 8

NAME STREET ADDRESS CITY-ST-ZIP