

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030980

**FILED
Jul 03, 2004
Secretary of State**

Entity Name: TITANIC INSURANCE AGENCY, INC.

Current Principal Place of Business:

34 NW 54 STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

34 NW 54 STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0909275 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EMMANUEL, NADEIGE
34 NW 54 STREET
MIAMI, FL 33127

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JEANCY, WILSON
Address: 181 NW 40 STREET
City-St-Zip: MIAMI, FL 33127

Title: VPD () Delete
Name: EMMANUEL, NADEIGE
Address: 2048 NE 173 ST
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILSON JEANCY

OFFI

07/03/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date