

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000098123

1. Entity Name
TITLEMAX CORP



FILED
Mar 14, 2006 8:00 am
Secretary of State

02-22-2006 90008 011 ***150.00

66004951



02162006	Chg-P	CR2E034 (11/05)
4. FEI Number 65-0974058	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

Principal Place of Business 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129		Mailing Address 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129	
2. Principal Place of Business Suite, Apt. #, etc. 2100 W. 76 ST #208		3. Mailing Address 2100 W. 76 ST #208	
City & State HIALEAH - FL		City & State HIALEAH - FL	
Zip 33016	Country USA	Zip FL 33016	Country USA
6. Name and Address of Current Registered Agent MIAMI CORPORATE REGISTRY 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2100 W. 76 ST #208 City HIALEAH FL Zip Code 33016			

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$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	DP BESU, ROGER 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2100 W. 76 ST #208 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRERO, HECTOR 2100 W. 76 ST, 208 HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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, without other like empowerments.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/06 205-884-6363



ATTACHMENT
66004951

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

TITLEMAX CORP
2100 W. 76 ST
SUITE 208
HIALEAH, FL 33016

Subject: **TITLEMAX CORP**

Reference Number:

P99000098123

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD
ANNUAL REPORTS SECTION