

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90047 030 ***150.00

DOCUMENT # S29323 1. Entity Name: TITUSVILLE ONE, INC.					
Principal Place of Business 420 LINCOLN ROAD 235 B MIAMI, FL 33139			Mailing Address 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1395 Brickell Avenue Suite, Apt. #, etc. 14th Floor			
City & State Zip Country		City & State Miami, FL Zip Country 33131 USA		4. FEI Number 01132005 Chg-P CR2E034 (10/03) 59-3065570	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KUBIT, DONALD E FOWLER, WHITE, BURNETT, ET ALL 100 S.E. 2ND STREET., 17TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name KUBIT, DONALD E Street Address (P.O. Box Number is Not Acceptable) 1395 Brickell Avenue 14th Floor City Miami FL Zip Code 33131		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD POMPIGNAN DE, JACQUES 420 LINCOLN ROAD, SUITE 235 B MIAMI, FL 33139	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AGOSTINI DE, PIERRE 420 LINCOLN ROAD, SUITE 235 B MIAMI, FL 33139	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYOT, JEAN-MICHAEL 420 LINCOLN ROAD, SUITE 235 B MIAMI, FL 33139	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 fees empowered.					
SIGNATURE: _____ 02/12/2005 (786) 2539569 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					