


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # S95564		
1. Entity Name COCONUT GROVE TITLE COMPANY, INC.		
Principal Place of Business 3225 AVIATION AVE 700 COCONUT GROVE, FL 33133 US	Mailing Address 3225 AVIATION AVE 700 COCONUT GROVE, FL 33133 US	



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0302111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAMENESH, PETER Z 3225 AVIATION AVE 700 COCONUT GROVE, FL 33133	DO NOT WRITE IN THIS SPACE
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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 terminating) _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMENESH, PETER Z. 3225 AVIATION AVE STE 700 COCONUT GROVE, FL
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04/02/04-80012-014 150.00

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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 like empowered.

SIGNATURE: Peter Z. Kamenesh 3-31-04 305-854-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #