


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90041 050 \*\*\*150.00


<b>DOCUMENT # S95564</b>	
1. Entity Name <b>COCONUT GROVE TITLE COMPANY, INC.</b>	

Principal Place of Business <b>3225 AVIATION AVE 700 COCONUT GROVE, FL 33133 US</b>	Mailing Address <b>3225 AVIATION AVE 700 COCONUT GROVE, FL 33133 US</b>
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2. Principal Place of Business <b>2601 S. Bayshore Drive Suite, Apt. #, etc. 1400</b>	3. Mailing Address <b>2601 S. Bayshore Drive Suite, Apt. #, etc. 1400</b>
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City & State <b>Coconut Grove, FL</b>	City & State <b>Coconut Grove, FL</b>
Zip <b>33133</b>	Zip <b>33133</b>
Country	Country

900000004



01212005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0302111</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KAMENESH, PETER Z 3225 AVIATION AVE 700 COCONUT GROVE, FL 33133</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2601 S. Bayshore Drive 1400</b> City <b>Coconut Grove</b> FL Zip Code <b>33133</b>	

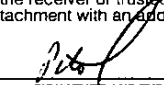
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMENESH, PETER Z. 3225 AVIATION AVE STE 700 COCONUT GROVE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2601 S. Bayshore Drive Suite 1400 Coconut Grove, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

**SIGNATURE:**  **1-21-05 305-285-3205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #