2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35000

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33634

FARENGA, PATRICK

1407 W BUSCH BLVD

TAMPA, FL 33612

() Delete

Entity Name: FUENTES AND KREISCHER TITLE COMPANY

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1407 W BUSCH BLVD TAMPA, FL 33612						
Current Mailing Address:				New Mailing Address:		
1407 W BUSCH BLVD TAMPA, FL 33612				17911 VON KARMAN AVE. SUITE 300 IRVINE, CA 92614		
FEI Number: 59-3137263 FEI Number Applied For () FEI Nu			FEI Nun	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US						
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						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () [FUENTES, LAWF 1407 W BUSCH TAMPA, FL 336	BLVD		Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VPST ()[KREISCHER, AL 1407 W BUSCH TAMPA, FL 336	BLVD		Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DVP () I MAUDSLEY, ROI 4050 CALLE REA SANTA BARBARA	AL .		Title: Name: Address: City-St-Zip:	JOHNSON, T 601 RIVERSI	
Title: Name: Address: City-St-Zip:	MEINHARDT, ER	REE DUNWOODY RD		Title: Name: Address: City-St-Zip:	,	()Change ()Addition
Title: Name: Address:	P () [WEISSMAN, ALA 5426 BEAUMON			Title: Name: Address:		(X) Change ()Addition RG, DEBORAH M ICH BLVD

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33612

FARENGA, PATRICK

601 RIVERSIDE AVE.

JACKSONVILLE, FL 32204

(X) Change () Addition

SIGNATURE: TODD C JOHNSON SVPS 04/13/2005