

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000050852

**Entity Name:** ICON TITLE, INC.

**Current Principal Place of Business:**

7700 NORTH KENDALL DRIVE, SUITE 508A  
MIAMI, FL 33156

**Current Mailing Address:**

7700 NORTH KENDALL DRIVE, SUITE 508A  
MIAMI, FL 33156 US

**FEI Number:** 82-1916423

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOENAGA, INGRID  
7700 NORTH KENDALL DRIVE, SUITE 508A  
MIAMI, FL 33156 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

**Officer/Director Detail :**

Title P  
Name GOENAGA, INGRID  
Address 7700 NORTH KENDALL DRIVE, SUITE  
508A  
City-State-Zip: MIAMI FL 33156

*I hereby 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 all other like empowered.*

**SIGNATURE:** INGRID GOENAGA

**PRESIDENT**

**02/23/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date