

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008299

FILED
Jan 15, 2007
Secretary of State

Entity Name: FLORIDA ATTORNEYS' TITLE SERVICES, INC.

Current Principal Place of Business:

100 N. BISCAYNE BLVD., #1003
MIAMI, FL 33132

New Principal Place of Business:

11780 SW 89TH ST
201
MIAMI, FL 33186

Current Mailing Address:

100 N. BISCAYNE BLVD., #1003
MIAMI, FL 33132

New Mailing Address:

11780 SW 89TH ST
201
MIAMI, FL 33186

FEI Number: 32-0104039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REMER, JASON S ESQ.
100 N. BISCAYNE BLVD., #1003
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

REMER, JASON S ESQ.
100 N. BISCAYNE BLVD.,
2800
MIAMI, FL 33132 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: _____

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REMER, JASON S ESQ.
Address: 100 N. BISCAYNE BLVD., #1003
City-St-Zip: MIAMI, FL 33132

Title: CPD () Delete
Name: GEORGES-PIERRE, ANTHONY M
Address: 100 N. BISCAYNE BLVD., #1003
City-St-Zip: MIAMI, FL 33132

Title: CPD () Delete
Name: BAYER, ADAM M
Address: 100 N. BISCAYNE BLVD., #1003
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: AB

CPD

01/15/2007

Electronic Signature of Signing Officer or Director

Date