

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140098

FILED
Mar 08, 2006
Secretary of State

Entity Name: FLORIDA ATTORNEYS' TITLE SERVICES & TRUST, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

11780 SW 89TH ST
#201
MIAMI, FL 33186

Current Mailing Address:

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

New Mailing Address:

11780 SW 89TH ST
#201
MIAMI, FL 33186

FEI Number: 56-2543440 **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., STE. 1003
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: GOMEZ, MARIA T.
Address: 11780 SW 89 ST. STE. 202
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: BAYER, ADAM
Address: 644 SE 5TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: GEORGES-PIERRE, ANTHONY M.
Address: 644 SE 5 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: REMER, JASON S.
Address: 644 SE 5 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: SALGUERO, MIGUEL
Address: 11780 SW 89 ST., STE. 300
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: PAZ, ANTONIO
Address: 11780 SW 89 ST., STE. 202
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOMEZ, MARIA T.
Address: 11780 SW 89 ST. STE. 201
City-St-Zip: MIAMI, FL 33186

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

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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

D

03/08/2006

Electronic Signature of Signing Officer or Director

_____ Date