

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067833

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: COUNTYWIDE TITLE SERVICES, INC.

**Current Principal Place of Business:**

5979 N.W. 151 STREET  
101  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5979 N.W. 151 STREET  
101  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 65-0854987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RODRIGUEZ, MARLEN  
5979 N.W. 151 STREET  
#101  
MIAMI LAKES, FL 33014 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: STD ( ) Delete  
Name: CARDIN, ISIDRO  
Address: 5979 NW 151 STREET STE 240  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD ( ) Delete  
Name: DEL MAZO, ALEX  
Address: 5979 NW 151 STREET STE 240  
City-St-Zip: MIAMI LAKES, FL 33014

Title: PD ( ) Delete  
Name: RODRIGUEZ, MARLEN  
Address: 5979 NW 151 STREET STE 206  
City-St-Zip: MIAMI LAKES, FL 33014

**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 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.

SIGNATURE: MARLEN RODRIGUEZ

PD

04/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date