

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067833

FILED
Mar 24, 2005
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 (X) 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: STD (X) Change () Addition
Name: CARDIN, ISIDRO
Address: 5979 NW 151 STREET STE 101
City-St-Zip: MIAMI LAKES, FL 33014

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

Title: PD (X) Change () Addition
Name: RODRIGUEZ, MARLEN
Address: 5979 NW 151 STREET STE 101
City-St-Zip: MIAMI LAKES, FL 33014

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

03/24/2005

Electronic Signature of Signing Officer or Director

_____ Date