2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 08:00 AN Secretary of State

ANNUAL REPORT			Feb 07, 2008 08:0			
DOCUMENT # K91929 1. Entity Name EXCELSIOR TITLE SERVICES, INC.				,	Secr	etary of St
11900 BISCAYNE BOULEVARD, #511	tailing Address 11900 BISCAYNE BOULEVARD MIAMI, FL 33181 US	, #511		0 (010) JOHN 10112 11210 J		117 418% 11117 418W187 W1881
DO NOT WRITE IN THIS SPA		CE	02012008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For NOT APPLICABLE Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Register KAUFMAN, MICHAEL S 11900 BISCAYNE BOULEVARD, #511 . MIAMI, FL 33181	stered Agent		_	NOT W		
The above named entity submits this statement for the the obligations of registered agent	purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of F	lorida., I am	familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required			t when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution		.00 May Be ed to Fees		÷	: 3
TITLE PST KAUFMAN, MICHAEL S TITLE KAUFMAN, MICHAEL S 11900 BISCAYNE BOULEVARD, #51 MIAMI, FL 33181 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE TITLE THEE T				02/15/08	/RITI	-006 150.00 E
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP			IN T	THIS SI	ACE.	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empsymered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTS SIGNING OFFICER OR DIRECTOR DIRECTOR DATE DATE DATE

333-134