2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K93520

1. Entity Name

ABSOLUTE TITLE OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

1601 N FLAMINGO RD

1601 N FLAMINGO RD

STE 1

STE 1

PEMBROKE PINES, FL 33028-1004 US

PEMBROKE PINES, FL 33028-1004 US

FILED Feb 20, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0121458 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, LAWRENCE JAY 1601 N FLAMINGO RD STE 1

PEMBROKE PINES, FL 33028

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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. the obligations of registered agent	I am tamiliar with, and accept
IONATH DC	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	}
HTLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LAWRENCE JAY 1601 N FLAMINGO RD, STE 1 PEMBROKE PINES, FL 330281004	
TITLE NAME STITEET ADDRESS CATY-ST-ZIP	D KAPLUS, PEARL A 1601 N FLAMINGO RD, STE1 PEMBROKE PINES, FL 330281004	
TITLE NAME STREET AODRESS GITY-ST-ZIP		
TITLE		

Signature, typed or printed name of registered agent and title if applicable.

U00000442210 113/114/06-80006-024 150.00

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12. I hereby certify that the information supplied with this filling 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 empowered 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 althougher like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

ORE AND TYPEO'OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

02-14-06

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