## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000013523

FILED Jan 06, 2006 Secretary of State

Entity Name: CARIBBEAN TITLE SERVICES OF SOUTH FLORIDA INC

Current Principal Place of Business:			New Principal Place of Business:			
187 NW 1 SUITE H-2 IIAMI, FL						
urrent Mailing Address:		New Mailing Address:				
187 NW 1 UITE H-2 IAMI, FL						
El Number:	65-0976923	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (	)
ame and	Address of	Current Registered Agent:	Name and	l Address o	f New Registered Agent:	
AMOS	VETTE M					
87 NŴ 1 JITE H-2	67 STREET					
187 NŴ 1 UITE H-2 IIAMI, FL he above	67 STREET 3 33015 US	submits this statement for the	purpose of changing	its registered	d office or registered agent, or	both,
187 NŴ 1 UITE H-2 IAMI, FL he above the State	67 STREET 3 33015 US named entity of Florida.  RE:			its registered		both,
187 NW 1 UITE H-2 IAMI, FL ne above the State	67 STREET 3 33015 US named entity of Florida.  RE: Electro	nic Signature of Registered A		its registered	d office or registered agent, or Date	both,
187 NW 1 UITE H-2 IIAMI, FL he above the State IGNATUF	67 STREET 3 33015 US named entity of Florida. RE: Electro	nic Signature of Registered A	gent		Date	
187 NW 1 UITE H-2 IIAMI, FL he above the State IGNATUF	67 STREET 3 33015 US named entity of Florida.  RE: Electro	nic Signature of Registered A	gent			
187 NW 1 JITE H-2 IAMI, FL ne above the State GNATUF ection Can FFICERS le:	67 STREET 3 33015 US named entity of Florida. RE: Electro npaign Financir S AND DIREC	nic Signature of Registered Ang Trust Fund Contribution ( ). CTORS: ) Delete	gent  ADDITION  Title:	NS/CHANGE	Date  ES TO OFFICERS AND DIREC  (X) 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: YVETTE M. RAMOS PD 01/06/2006