

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 16, 2004 08:00 AM

Secretary of State

DOCUMENT # P00000074949

1. Entity Name
EAST LAND TITLE, INC.



Principal Place of Business
**275 FONTAINEBLEAU BLVD
117
MIAMI, FL 33172**

Mailing Address
**275 FONTAINEBLEAU BLVD
117
MIAMI, FL 33172**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1032797

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HENDERSON, RONNIE
275 FONTAINEBLEAU BLVD
117
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature Required When Relinquishing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000090041
03/16/04-80015-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HENDERSON, RONNIE
275 FONTAINEBLEAU BLVD
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
DAVIS, WILLIAM E JR
275 FONTAINEBLEAU BLVD
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered

SIGNATURE:

Ronnie Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04
Date

(305) 480-1308
Daytime Phone #