

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000074949

1. Entity Name
EAST LAND TITLE, INC.



FILED
04 NOV 19 AM 10:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2520 NW 97TH AVE SUITE 120
MIAMI, FL 33172

Mailing Address
2520 NW 97TH AVE SUITE 120
MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11182004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1032797

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, RONNIE
275 FONTAINEBLEAU BLVD
117
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name Ronnie Henderson
Street Address (P.O. Box Number is Not Acceptable)
2520 NW 9th Ave Suite 120
City Miami FL 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-18-2004

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HENDERSON, RONNIE ☐ Delete
STREET ADDRESS 2520 NW 97TH AVE SUITE 120
CITY-ST-ZIP MIAMI, FL 33172

TITLE S
NAME DAVIS, WILLIAM E JR ☒ Delete
STREET ADDRESS 2520 NW 97TH AVE SUITE 120
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 700042896447
STREET ADDRESS 11/19/04--01026--003 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/04

Date

(35)599-2811

Daytime Phone #