


**2004 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000104288**  
 1. Entity Name  
 SOUTH BEACH TITLE OF MELBOURNE, INC.



Principal Place of Business      Mailing Address  
 5920 SOUTH A1A                      5920 SOUTH A1A  
 MELBOURNE BEACH, FL 32951      MELBOURNE BEACH, FL 32951

**DO NOT WRITE IN THIS SPACE**



01052004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3681418      Not Applicable

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

6. Name and Address of Current Registered Agent  
 AZAR, DAVID WM.  
 5920 SOUTH A1A  
 MELBOURNE BEACH, FL 32951

**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 David Wm. Azar, South Beach Title of Mel., Inc.      2-5-04  
Signature, typed or printed name of registered agent and file # applicable      (NOTE: Registered Agent signature required when reinstating)      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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AZAR, DAVID W
STREET ADDRESS	5920 SOUTH A1A
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000044313  
 02/11/04-80015-016 150.00

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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: [Signature]      2-5-04      321-728-81046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #