

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90044 012 \*\*\*158.75

**DOCUMENT # P01000069742**

1. Entity Name  
**PRECISE TITLE SERVICES, INC.**



Principal Place of Business  
**12171 SO DIXIE HWY  
PINECREST, FL 33156**

Mailing Address  
**12171 SO DIXIE HWY  
PINECREST, FL 33156**



2. Principal Place of Business  
**12219 So Dixie Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)

City & State  
**Pinecrest, FL**

City & State

4. FEI Number  
**65-1121458**

Applied For  
Not Applicable

Zip  
**33156**

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**COBO, REINA A  
12171 SO DIXIE HWY  
PINECREST, FL 33177**

**7. Name and Address of New Registered Agent**

Name  
**REINA A. COBO**

Street Address (P.O. Box Number is Not Acceptable)  
**12219 SO. DIXIE HWY**

City  
**PINECREST**

**FL**

Zip Code  
**33156**

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 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 **P** ☐ Delete  
NAME **COBO, REINA A**  
STREET ADDRESS **12171 SO DIXIE HWY**  
CITY-ST-ZIP **PINECREST, FL 33177**

TITLE **ST** ☒ Delete  
NAME **FIGUEROA, ISABEL**  
STREET ADDRESS **19838 SW 123 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33177**

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 **P** ☒ Change ☐ Addition  
NAME **COBO, REINA A.**  
STREET ADDRESS **12219 SO. DIXIE HWY**  
CITY-ST-ZIP **PINECREST, FL 33156** ☐ Change ☐ Addition

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 like empowered.

SIGNATURE: *Reina A. Cobo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/04**

Date

Daytime Phone #