

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 044 ***150.00

DOCUMENT # P01000106912

1. Entity Name
WOODBIDGE & SALAZAR TITLE SERVICES INC.



Principal Place of Business

7700 NORTH KENDALL DRIVE
SUITE 809
MIAMI, FL 33156 US

Mailing Address

7700 NORTH KENDALL DRIVE
SUITE 809
MIAMI, FL 33156 US

50023457



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1150612

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALAZAR, GERMAN A
7700 NORTH KENDALL DRIVE
SUITE 809
MIAMI, FL 33156

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 SALAZAR, GERMAN A
STREET ADDRESS 7700 NORTH KENDALL DRIVE, SUITE 809
CITY-ST-ZIP MIAMI, FL 33156

TITLE S
NAME WOODBRIDGE, FREDERICK JR
STREET ADDRESS 7700 NORTH KENDALL DRIVE, SUITE 809
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.2.05 305-270-3145

Date

Daytime Phone #