2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 08:00 AM Secretary of State

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1. Entity Name SOUTHEAST FLORIDA TITLE SERVICES CORP.



Principal Place of Business

1301 N. CONGRESS AVENUE

SUITE 2120 BOYNTON BEACH, FL 33426 Mailing Address

1301 N. CONGRESS AVENUE

SUITE 2120

BOYNTON BEACH, FL 33426



DO NOT WRITE IN THIS SPACE

04062005 No Chg-P CR2E034 (10/03)

4. FE! Number 02-0544606

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, RICHARD S PRES. 1301 N CONGRESS AVE SUITE 120 BOYNTON BEACH, FL 33426

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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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											
Signature, updato of printing manife or registered again, and than appropriate (NO.E. registere Again adjustance legister which constantly)											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib			cing	\$5.00 May Be Added to Fees	04/08/05-80030-018	150.00					
10.	OFFICERS AND DIREC	TORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINSTEIN, RICHARD S 1301 N CONGRESS AVE STE 120 BOYNTON BEACH, FL 33426										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TILLER, MARE R 6124 NW 123RD LANE CORAL SPRINGS, FL 33076										
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE 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 accurate and the province of the corporation of the receiver of trustee empowered.											