
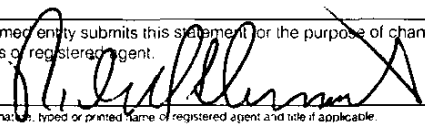
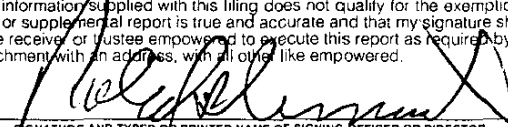


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90023 028 ***150.00

| | | | | | |
|--|--|---|--|--|---|
| DOCUMENT # P02000014964 1. Entity Name SOUTHEAST FLORIDA TITLE SERVICES CORP. | | | |  | |
| Principal Place of Business 1200 N.W. 17TH AVENUE SUITE 5 DELRAY BEACH, FL 33445 | | | Mailing Address 1200 N.W. 17TH AVENUE SUITE 5 DELRAY BEACH, FL 33445 | | |
| 2. Principal Place of Business - No P.O. Box # 1350 E. NEWPORT CENTER Suite, Apt. #, etc. STE 101 | | 3. Mailing Address SAME Suite, Apt. #, etc. | | | |
| City & State DEERFIELD Bch FL | | City & State | | 4. FEI Number 02-0544606 | |
| Zip 33442 | | Country BROWARD | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WEINSTEIN, RICHARD S PRES. 1200 N.W. 17TH AVENUE SUITE 5 DELRAY BEACH, FL 33445 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 312 S. OLD DIXIE HWY, STE 206 City JUPITER FL Zip Code 33458 | | |
| 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:  DATE: 1/22/08 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WEINSTEIN, RICHARD S 1200 N.W. 17TH AVENUE DELRAY BEACH, FL 33445 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 312 S. OLD DIXIE HWY, STE 206 JUPITER FL 33458 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO TILLER, MARC R 6124 NW 123RD LANE CORAL SPRINGS, FL 33076 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | 1/22/08 561-745-3040 | | |