


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90037 034 ***150.00

DOCUMENT # P02000032983		
1. Entity Name JERICO TITLE SERVICES, INC.		

Principal Place of Business 12550 BISCAYNE BLVD #405 NORTH MIAMI, FL 33181	Mailing Address 12550 BISCAYNE BLVD #405 NORTH MIAMI, FL 33181
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2. Principal Place of Business 1911 Harrison Street	3. Mailing Address 1911 Harrison Street
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Hollywood, Florida	City & State Hollywood, Florida
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Zip 33020	Country U.S.	Zip 33020	Country U.S.
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6. Name and Address of Current Registered Agent

JACOBS, ERIC A ESQ 12550 BISCAYNE BLVD., #405 MIAMI, FL 33181

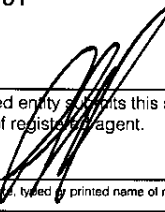
7. Name and Address of New Registered Agent

Name ERIC A. JACOBS

Street Address (P.O. Box Number is Not Acceptable) 1911 Harrison Street
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City Hollywood	FL	Zip Code 33020
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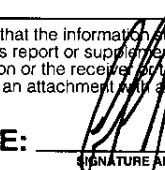
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 02/23/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LES-RALINI, OSCAR G 12550 BISCAYNE BLVD., #405 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSCAR GRISALES-RACINI 1911 Harrison Street Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JALDAS, ERIC ESQ 12550 BISCAYNE BLVD., #405 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERIC A. JACOBS 1911 Harrison Street Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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 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 to this report, with all other like empowered.
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SIGNATURE: 	DATE 02/23/04	DAYTIME PHONE # 954/929-0679
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