


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

03-29-2004 90060 035 ***150.00

DOCUMENT # P02000039064	
1. Entity Name SERVICEONE TITLE CORP.	

Principal Place of Business 6187 NW 167TH STREET SUITE H34 MIAMI LAKES FL 33015	Mailing Address 6187 NW 167TH STREET SUITE H34 MIAMI LAKES FL 33015
---	---

bb414470



MOORE CR2E034 (11/03)

2. Principal Place of Business 6073 NW 167 th STREET Suite, Apt. #, etc. SUITE C-13 City & State Miami Lakes, FL. Zip 33015 Country USA	3. Mailing Address 6073 NW 167 th street Suite, Apt. #, etc. SUITE C-13 City & State Miami Lakes, FL. Zip 33015 Country USA
--	--

4. FEI Number 72-1523185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent *Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$350.00 Make Check Payable to Florida Department of State	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	D BLANCO, RODOLFO M 6187 NW 167TH STREET MIAMI LAKES FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6073 NW 167 th street, ste c-13 Miami Lakes, FLA. 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICIO, GERARDO 6187 NW 167TH STREET MIAMI LAKES FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6073 NW 167 th street, Ste C-13 Miami Lakes, FLA. 33015
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 with an address, with all other like empowered.

SIGNATURE: Rodolfo M. Blanco 4/19/04 305-572-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #