


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000041483 1. Entity Name THE TITLE STORE, INC. |  |
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| Principal Place of Business 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139 | Mailing Address 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139 |
|--|--|

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 43-1957417 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

BELOFF, JONATHAN D
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BELOFF, JONATHAN D 1111 LINCOLN RD., STE 400 MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST SCHWARTZ, GERALD K 1111 LINCOLN RD., STE 400 MIAMI BEACH, FL 33139 |
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02/05/04-80014-010 158.75

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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)(f), 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:  **JONATHAN D. BELOFF, Pres** **2/2/04** **305-673-1101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #