

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000074246

1. Entity Name
ELITE TITLE GROUP, INC.



Principal Place of Business

9485 SUNSET DRIVE
SUITE A-230
MIAMI, FL 33173

Mailing Address

9485 SUNSET DRIVE
SUITE A-230
MIAMI, FL 33173



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number

37-1441369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARTEAGA, MARIANNE R
10862 SW 75TH TERRACE
MIAMI, FL 33173

**DO NOT WRITE
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

Marianne Arteaga

President

3/30/04

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 P
NAME ARTEAGA, MARIANNE R
STREET ADDRESS 10862 SW 75TH TERRACE
CITY - ST - ZIP MIAMI, FL 33173

TITLE ST
NAME ARTEAGA, MARIANNE R
STREET ADDRESS 10862 SW 75TH TERRACE
CITY - ST - ZIP MIAMI, FL 33173

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U00000125812
04/22/04-80091-025 150.00

**DO NOT WRITE
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:

Marianne Arteaga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

(305) 295-6700

Daytime Phone #