## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000075678

Entity Name: CONCEPT TITLE SERVICES, INC.

FILED Apr 13, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 815 NW 57 AVENUE STE 405 MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 815 NW 57 AVENUE STE 405 MIAMI, FL 33126 FEI Number: 52-2366015 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ESPINOSA, PATRICIA O ESQ. 815 NW 57 AVENYE STE 405 MIAMI, FL 33126 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. SIGNATURE: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSTD () Delete
 Title: () Change () Addition

 Name:
 ESPINOSA, PATRICIA O
 Name:

 Address:
 815 NW 57 AVE STE 405
 Address:

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:

Title: VPD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PENABAD, DINORAH
 Name:

 Address:
 815 NW 57 AVE STE 405
 Address:

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA O. ESPINOSA PSTD 04/13/2004