

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000101123

1. Entity Name
ESTATE TITLE SERVICES, INC.



Principal Place of Business
9100 SOUTH DADELAND BOULEVARD
SUITE 910
MIAMI, FL 33156

Mailing Address
9100 SOUTH DADELAND BOULEVARD
SUITE 910
MIAMI, FL 33156

FILED
Jan 14, 2005 08:00 AM
Secretary of State



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
73-1659227

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

EMORY, HOWARD B
9100 SOUTH DADELAND BOULEVARD
SUITE 910
MIAMI, FL 33156

**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 _____
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, 2005 Fee will be \$550.00**

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

1000100181289
11/14/05-80042-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME EMORY, HOWARD B
STREET ADDRESS 9100 SOUTH DADELAND BOULEVARD STE 910
CITY-ST-ZIP MIAMI, FL 33156

TITLE P
NAME EMORY, HOWARD B
STREET ADDRESS 9100 SOUTH DADELAND BLVD, STE 910
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-05 305670101