

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90292 031 ***150.00

DOCUMENT # P02000117108

1. Entity Name

FLORIDA TITLE SPECIALIST, INC.



Principal Place of Business

15500 NEW BARN ROAD, STE. 105
MIAMI LAKES FL 33014
US

Mailing Address

15500 NEW BARN ROAD, STE. 105
MIAMI LAKES FL 33014
US

2. Principal Place of Business

7735 N.W. 146th Street

Suite, Apt. #, etc.

Suite 200

City & State

MIAMI LAKES, FL

Zip

33016

Country

MIAMI - FL

3. Mailing Address

7735 N.W. 146th Street

Suite, Apt. #, etc.

Suite 200

City & State

MIAMI LAKES, FL

Zip

33016

Country

MIAMI - FL



MOORE

CR2E034 (11/03)

4. FEI Number

16-1636610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, JUDITH
15500 NEW BARN ROAD, STE. 105
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name JUDITH H FLORES

Street Address (P.O. Box Number is Not Acceptable)

7735 N.W. 146th Street #200

City MIAMI LAKES

FL

Zip Code

33016

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

4/27/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FLORES, JUDITH
STREET ADDRESS 1501 NW 159TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33028

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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

4/27/04

Date

1305/818-2221

Daytime Phone #