

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000117108

1. Entity Name

FLORIDA TITLE SPECIALIST, INC.



**FILED**

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

04-30-2004 90292 031 \*\*\*150.00

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

3. Mailing Address

7735 N.W. 146th Street

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

MIAMI 641608, FL

City & State

MIAMI LAKES, FL

Zip

33016

Country

Miami - Dade

Zip

33016

Country

Miami - Dade

4. FEI Number

16-1636610

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORES, JUDITH

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

Name *Judith Flores*

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

7735 N.W. 146th Street, #200  
City *Miami Lakes* FL *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

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete

TITLE  Change  Addition

NAME FLORES, JUDITH

NAME

STREET ADDRESS 1501 NW 159TH AVENUE

STREET ADDRESS

CITY-ST-ZIP PEMBROKE PINES FL 33028

CITY-ST-ZIP

TITLE  Delete

TITLE  Change  Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE  Delete

TITLE  Change  Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE  Delete

TITLE  Change  Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE  Delete

TITLE  Change  Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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*

*(305) 818-2221*

Date

Daytime Phone #