2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038873

1. Entity Name
CHOICE TITLE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
6363 NW 6TH WAY STE 190 FT LAUDERDALE, FL 33309	6363 NW 6TH WAY STE 190 FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

02172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
56-2343986	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEYER, STEPHEN M
2201 CORPORATE BLVD STE 103
BOCA RATON, FL 33431

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 | |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BEYER, STEPHEN M
STREET ADDRESS	2201 CORPORATE BLVD STE 103
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/05-80010-001 150.00

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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   Date   Daytime Phone #

954 821-1096