

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 028 ***150.00

DOCUMENT # P03000039090

1. Entity Name
FLORIDA TITLE, ESCROW & ABSTRACT, INC.



Principal Place of Business
1021 IVES DAIRY RD., SUITE 111
MIAMI, FL 33179

Mailing Address
1021 IVES DAIRY RD., SUITE 111
MIAMI, FL 33179

50058623



2. Principal Place of Business
2875 NE 191 ST

3. Mailing Address
2875 NE 191 ST

Suite, Apt. #, etc.
400 A

Suite, Apt. #, etc.
400 A

06212005 Chg-P CR2E034 (10/03)

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
41-2090348

Applied For
Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

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

6. Name and Address of Current Registered Agent

FELDMAN, MITCHELL A
1021 IVES DAIRY RD., SUITE 111
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name
Barry R. Cohen

Street Address (P.O. Box Number is Not Acceptable)
2875 NE 191 ST

Suite 400 A

City
Aventura

FL

Zip Code
33180

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]* Barry Cohen x 7/25/05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FELDMAN, MITCHELL A
1021 IVES DAIRY RD., SUITE 111
MIAMI, FL 33179 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director, President, Treasurer
Barry R. Cohen
2875 NE 191 ST Suite 400 A
Aventura, FL 33180 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]* x 7/25/05 305-792-6944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #