

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 09, 2006 8:00 am
Secretary of State

01-17-2006 90237 045 ***150.00

DOCUMENT # P03000041675

1. Entity Name
FLAMINGO TITLE SERVICES, INC.



Principal Place of Business
**1236 SE 4TH AVE
FT LAUDERDALE, FL 33316**

Mailing Address
**1236 SE 4TH AVE
FT LAUDERDALE, FL 33316**

DO NOT WRITE IN THIS SPACE



66000941

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
57-1161802

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAISE, KIMBERLY S
1236 SE 4TH AVE
FT LAUDERDALE, FL 33316**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
BANDES, AIDA
1236 SE 4 AVE
FT LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCED
DAISE, KIMBERLY S
1236 SE 4 AVE
FT LAUDERDALE, FL 33316**

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 exemptions contained in Chapter 119, 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

2-6-06

Date

Daytime Phone #

954-463-9700



ATTACHMENT
66000941

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

FLAMINGO TITLE SERVICES, INC.
1236 SE 4TH AVE
FT LAUDERDALE, FL 33316

Subject: **FLAMINGO TITLE SERVICES, INC.**

Reference Number: **P03000041675**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION