
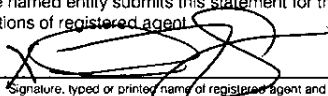



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90007 024 ***150.00

DOCUMENT # P03000076896 1. Entity Name AST TITLE SERVICES, INC.					
Principal Place of Business 3164 VIRGINIA ST. COCONUT GROVE, FL 33133			Mailing Address 3164 VIRGINIA ST. COCONUT GROVE, FL 33133		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEL Number 65-1195219	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRYSON, AVI S 2901 FLORIDA AVE STE 2 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name TRYSON, AVI S Street Address (P.O. Box Number is Not Acceptable) 3164 VIRGINIA STREET City COCONUT GROVE FL Zip Code 33133		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRYSON, AVI S 2901 FLORIDA AVE STE 2 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRYSON, AVI S 3164 VIRGINIA ST. COCONUT GROVE, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

Attachment

44048176

#P03000076876

HOLLANDER & ASSOCIATES

11410 North Kendall Drive, Suite 207
Miami, Florida 33176
Tel (305) 275-2557
Fax (305) 275-2588

July 1, 2004

Division of Corporations
PO BOX 6198
Tallahassee, FL 32314-6198

Ref: AST Title Services, Inc.

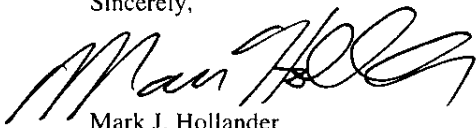
To Whom It May Concern:

Enclosed please find the above referenced annual report for AST Title Services, Inc. This Corporation did not receive their annual report notice, or annual report in the mail. He did move addresses in the beginning of the year, this could be the cause. Regardless we ask that you abate all penalties based on such.

We are enclosing a check for \$ 150.00 including an annual report.

If you need additional information please feel free to contact me at (305)-275-2557 at your convenience.
Thank you in advance.

Sincerely,



Mark J. Hollander