


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90307 046 ***150.00

DOCUMENT # P03000103069

1. Entity Name
NORTH BAY TITLE SERVICES, INC.



Principal Place of Business
**1865 79TH ST CAUSEWAY #10 M
 NORTH BAY VILLAGE, FL 33141**

Mailing Address
**P.O. BOX 414312
 MIAMI BEACH, FL 33141**

54045848

2. Principal Place of Business
16375 NE 18 ave
 Suite, Apt. #, etc.
Suite #315
 City & State
North Miami Beach, FL

3. Mailing Address
16375 NE 18 ave
 Suite, Apt. #, etc.
Suite #315
 City & State
North Miami Beach, FL



04292004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0483294

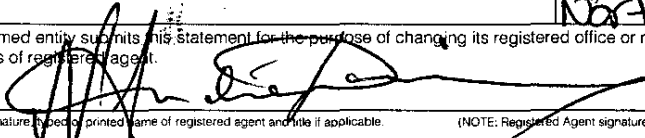
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent
 Name
Nathalie F. Demesmin, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
16375 NE 18 ave
Suite #315
 City
North Miami Beach FL Zip Code
33162

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  DATE **4/29/2004**

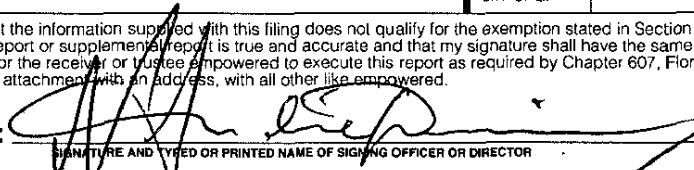
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PSTD DEMESMIN, NATHALIE F 1865 79TH ST CAUSEWAY #10 M NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 all other like empowered.

SIGNATURE:  DATE **4/29/2004** DAYTIME PHONE # **305-944-0945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR