

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070325

FILED
Mar 08, 2006
Secretary of State

Entity Name: FLORIDA ATTORNEYS' TITLE SERVICES & ESCROW, INC.

Current Principal Place of Business:

120 W. ECHO ST.
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

120 W. ECHO ST.
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 52-2393660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REMER, JASON S ESQ.
100 N. BISCAYNE BLVD., SUITE 1003
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VERONICA, DIAZ
Address: 187 TORTUGA CT.
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: VERONICA, DIAZ
Address: 187 TORTUGA CT.
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: GOMEZ, MARIA
Address: 644 SE 5TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: BAYER, ADAM
Address: 644 SE 5TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JUANA, VALDES
Address: 3315 CYPRESS TRAILS DR
City-St-Zip: POLK CITY, FL 33868

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GEORGES-PIERRE, ANTHONY
Address: 100 N BISCAYNE BLVD SUITE #1003
City-St-Zip: MIAMI, FL 33132

Title: D () Change (X) Addition
Name: REMER, JASON
Address: 100 N. BISCAYNE BLVD SUITE 1003
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AB

D

03/08/2006

Electronic Signature of Signing Officer or Director

Date