


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90359 014 ***150.00

DOCUMENT # P94000063157					
1. Entity Name CLAYTON TITLE SERVICES, INC.					
Principal Place of Business 3625 CURTIS LANE MIAMI, FL 33133 US			Mailing Address 560 BRICKELL AVENUE 501 MIAMI, FL 33131 US		
2. Principal Place of Business		3. Mailing Address 1000 BRICKELL AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 640			
City & State		City & State MIAMI, FLA			
Zip	Country	Zip 33131	Country MIA-DADG	02232006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0520621				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 DE YURRE, VICTOR H ESQ. 550 BRICKELL AVENUE 501 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVENUE #640 City MIAMI FL Zip Code 33131		
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: <i>[Signature]</i>			DATE: 4/14/06		
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. <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	D DE YURRE, VICTOR H 550 BRICKELL AVENUE 501 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	X Change <input type="checkbox"/> Addition 1000 BRICKELL AVENUE #640 MIAMI, FLA 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAHN, S. LAWRENCE III 80 SW 8TH STREET 1870 MIAMI, FL 33131 <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 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: <i>[Signature]</i>			DATE: 4/14/06 (305) 373-9194		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		