


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90015 020 ***150.00

DOCUMENT # P94000063157 1. Entity Name CLAYTON TITLE SERVICES, INC.					
Principal Place of Business 3625 CURTIS LANE MIAMI FL 33133 US			Mailing Address 1000 BRICKELL AVENUE 640 MIAMI FL 33131 US		
2. Principal Place of Business - No P.O. Box # 1000 BRICKELL AVENUE			3. Mailing Address 640		
Suite, Apt. #, etc. 640			Suite, Apt. #, etc. 640		
City & State MIAMI, FLA			City & State MIAMI, FLA		
Zip 33131		Country MIAMI-DADE		Zip 33131	
Country MIAMI-DADE		Country MIAMI-DADE		Country MIAMI-DADE	
6. Name and Address of Current Registered Agent DE YURRE, VICTOR H ESQ. 1000 BRICKELL AVENUE #640 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE YURRE, VICTOR H		NAME	KAHN, S. LAWRENCE III	
STREET ADDRESS	1000 BRICKELL AVE #640		STREET ADDRESS	80 SW 8TH STREET 1870	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI FL 33131	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
(This section is for additions/changes to officers and directors in Block 10. It is currently blank.)					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____					