


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000046185
 1. Entity Name
 NOUVELLE TITLE SERVICES, INC.



Principal Place of Business
 11440 NORTH KENDALL DRIVE
 SUITE 203
 MIAMI, FL 33176

Mailing Address
 11440 NORTH KENDALL DRIVE
 SUITE 203
 MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0757193 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GARCIA-MONTES, YOLANDA
 14224 S.W. 111TH LANE
 MIAMI, FL 33186

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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 \$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

U00000094908
 03/24/04-80010-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS LORENZO, ELIZABETH 10360 S.W. 166TH COURT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARCIA-MONTE, YOLANDA 14224 S.W. 111TH LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* U.P. 03-19-04 305, 273-4044
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[Signature] YOLANDA G. MONTES