

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000096993

1. Entity Name
ACCURATE TITLE AGENCY, INC.



Principal Place of Business
**1701 WEST HILLSBORO BLVD
SUITE 207
DEERFIELD BEACH, FL 33442**

Mailing Address
**1701 WEST HILLSBORO BLVD
SUITE 207
DEERFIELD BEACH, FL 33442 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0796537** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLEINMAN, ROBERT S
1701 WEST HILLSBORO BLVD
SUITE 207
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE
IN THIS SPACE**

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**U000000578295
01/09/07-80023-025 150.00**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	KLEINMAN, ROBERT S
STREET ADDRESS	1701 W HILLSBORO BLVD, STE 207
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VDS
NAME	KLEINMAN, LEONARD J
STREET ADDRESS	1701 W HILLSBORO BLVD, STE 207
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2007

Date

954-571-8034

Daytime Phone #

LEONARD J. KLEINMAN