

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90020 036 \*\*\*150.00

DOCUMENT # P98000101694

1. Entity Name  
TRANSITION TITLE, INC.



Principal Place of Business  
9900 STIRLING ROAD  
# 304  
COOPER CITY, FL 33024

Mailing Address  
9900 STIRLING ROAD  
SUITE 309  
COOPER CITY, FL 33024

2. Principal Place of Business  
1909 Tyler St  
8th Floor

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Hollywood FL  
Zip  
33020

City & State  
Country  
Zip  
USA



02032004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0880628  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WEINREB, DVORA  
9900 STIRLING ROAD  
SUITE 304  
COOPER CITY, FL 33024

## 7. Name and Address of New Registered Agent

Name DVORA WEINREB  
Street Address (P.O. Box Number is Not Acceptable)  
1909 Tyler St, 8th Floor  
City Hollywood FL Zip Code 33020

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

2/3/04

**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

## 10. OFFICERS AND DIRECTORS

TITLE	PVPD	<input type="checkbox"/> Delete
NAME	WEINREB, DVORA	
STREET ADDRESS	9900 STIRLING RD STE 304	
CITY-ST-ZIP	COOPER CITY, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINREB, DVORA	
STREET ADDRESS	1909 Tyler St, 8th Floor	
CITY-ST-ZIP	Hollywood FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

Date

Daytime Phone #

954-922-3240 ext 112