

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90300 032 \*\*\*158.75

**DOCUMENT # P99000096096**

1. Entity Name

LAW CENTER TITLE SERVICES, INC.



Principal Place of Business

9360 SW 72 STREET  
SUITE 232  
MIAMI FL 33173

Mailing Address

9360 SW 72 STREET  
SUITE 232  
MIAMI FL 33173

34034263



MOORE CR2E034 (11/03)

2. Principal Place of Business

9360 SW 72 STREET

Suite, Apt. #, etc.

SUITE 210

City & State

MIAMI FL

Zip  
33173

Country  
U.S.A.

3. Mailing Address

9360 SW 72 STREET

Suite, Apt. #, etc.

SUITE 210

City & State

MIAMI FLORIDA

Zip  
33173

Country  
MIAMI-DADE

4. FEI Number

65-0958376

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, MAZIANO J  
9360 SW 72 STREET  
SUITE 232  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name PEREZ, MARIANO J

Street Address (P.O. Box Number is Not Acceptable)  
9360 SW 72 STREET

SUITE 210

City MIAMI

FL

Zip Code  
33173

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME PEREZ, MARIANO J  
STREET ADDRESS 9360 SW 72 ST STE 232  
CITY-ST-ZIP MIAMI FL 33173



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

*Mario*  
MARIANO J PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-04

Date

Daytime Phone #