


**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90061 048 \*\*\*150.00

<b>DOCUMENT # 370159</b> 1. Entity Name <b>INSURANCE QUOTE INTERNATIONAL CORP.</b>	
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Principal Place of Business <b>1570 MADRUGA AVE STE 201 CORAL GABLES, FL 33146</b>	Mailing Address <b>1570 MADRUGA AVE STE 201 CORAL GABLES, FL 33146</b>
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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-P CR2E034 (10/03)

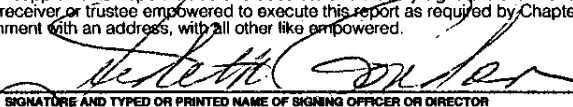
4. FEI Number <b>59-1301785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GORDON, JUDITH 1570 MADRUGA AVE #201 CORAL GABLES, FL 33146</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>2/17/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GORDON, JUDITH 1570 MADRUGA AVE #201 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> JOEL ANN SHIFFER (SARAH)
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	
<b>DO NOT WRITE IN THIS SPACE</b>	

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>2/17/04</b> DAYTIME PHONE # <b>305-666-7877</b>