


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 370159 1. Entity Name INSURANCE QUOTE INTERNATIONAL CORP.		
Principal Place of Business 1570 MADRUGA AVE STE 201 CORAL GABLES, FL 33146	Mailing Address 1570 MADRUGA AVE STE 201 CORAL GABLES, FL 33146	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GORDON, JUDITH 1570 MADRUGA AVE #201 CORAL GABLES, FL 33146		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
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		
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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 all other like empowered.		
SIGNATURE: <i>X Judith Gordon, Judith Gordon</i> 4/20/06 305-666-7877 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



02152006 No Chg-P CR2E034 (11/05)

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

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05/04/06-80080-022 150.00

**DO NOT WRITE
IN THIS SPACE**