## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # F29059 FAMILY INSURANCE SERVICES, INC. Mailing Address Principal Place of Business 18463 PINES BLVD 18463 PINES BLVD PEMBROKE PINES, FL 33029 PEMBROKE PIENS, FL 33029 US 03232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2083376 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SINGERMAN, BERGER P.A. DO NOT WRITE 350 EAST LAS OLAS BLVD **STE 1000** IN THIS SPACE FT LAUDERDALE, FL 33301 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent argnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PMVD TITLE MARINO, BRIAN T. NAME STREET ADDRESS 2535 S. W105 TERR 04/22/05-80074-015 150.00 **DAVIE, FL 33325** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 supplied pentil 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 807. Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 807 or an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR