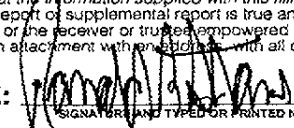


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F88013 1. Entity Name COMPREHENSIVE UNDERWRITERS, INC.		
Principal Place of Business 2103 CORAL WAY SUITE 200 MIAMI, FL 33145 US	Mailing Address 2103 CORAL WAY SUITE 200 MIAMI, FL 33145 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STONE, RONALD G. 2103 CORAL WAY, SUITE 200 MIAMI, FL 33145		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 _____ 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		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STONE, RONALD G 2840 SW 3RD AVE MIAMI, FL 33129	
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 and attached with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/12/04</u> Daytime Phone # _____



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2198967	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

000000114161
04/15/04-80038-012 150.00

**DO NOT WRITE
IN THIS SPACE**