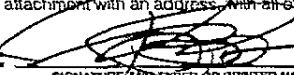


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # K52828		
1. Entity Name ROBERT B. BATTLE INSURANCE AGENCY, INC.		
Principal Place of Business 7850 N.W. 146TH STREET STE 200 MIAMI LAKES, FL 33016		Mailing Address 7850 N.W. 146TH STREET MIAMI LAKES, FL 33016
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M. 1 SOUTHEAST 3RD AVE STE 2400 MIAMI BEACH, FL 33131		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		U000000058359 02/28/04 00026 014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, ROBERT B. 7850 N.W. 146 STREET MIAMI LAKES, FL	
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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: 		2/16/04 305-588-1101 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		