2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000029140 1. Entity Name ARISTA INSURANCE ADVISORS II, INC.									Feb 16, Secre	2004 etary	08 of S	:00 Stat	AM
Principal Plan	e of Business		Mailin	in Address									
Principal Place of Business Mailing Address 5902-B SOUTH DIXIE HIGHWAY 5902-B SOUTH DIXIE H						Δ٧							
WEST PALM	A BEACH FL	WEST PALM BEACH FL 33405											
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2. Principal P	Place of Busin	3. Mai	3. Mailing Address										
at (inopai)	1200 07 2201												
Suite, Apt #, etc			Suite, Apt. #, etc.						MOORE	CR2E03	4 (11/0	3)	. -
City & State			City	City & State				4. F	El Number			_	olied For Applicable
Zıp	Country		Zip C		Cour	untry		5. (Certificate of Status Desired		\$8.7 Fee Re		
	6. Name	and Address of Current	Register	legistered Agent				7. N	iame and Address of New I	Registered	Agent		
						Name							
JAMES, KEITH A ESQ. 250 AUSTRALIAN AVENUE SOUTH						Street Address (P.O. Box Number is Not Acceptable)							
SUITE 500 WEST PALM BEACH FL 33401													
77201 172W DE (01) 1 2 00 10 1						City				F	Zip	Code	
R The ah∩ve	named entit	by submits this statement for	or the our	onse of changing its	register	ed office ar r	egister	ed ag	ent, or both, in the State of F			with.	and accept
	tions of regist		0.0 park	ood on onenging its	, 14 5 / 5 / 5	00 011100 07 1	-	-					
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SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOT	E. Registere	d Agent signature	s required	when re	sinstatorg)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Fi Trust Fund Contribute	•			May Be to Fees
10.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					IN 11	
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12. I hereby indicated of the collection changed	certify that the don this reportion or t or on an att	ne information supplied with or supplemental report the receiver of the steel employers and the receiver of the steel employers.	h this filing is true and sowered to with all of	does not qualify to accurate and that execute this report her like empowered	or the exe my signa t as requ l.	emption state sture shall ha ired by Chap	ed in Se ive the oter 607	ection same 7, Flori	119.07(3)(i), Florida Statutes legal effect as if made under ida Statutes, and that my nar	. I further c oath; that ne appears	ertify that am an	t the ir officer k 10 or	formation or director Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

SIGNATURE:

FILED