2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004
Secretary of State

DOCUMENT# P97000048894

Entity Name: AUTO + INSURANCE AGENCY, INC.

Current Principal Place of Business:

9742 BANYON ST.
PERRINE, FL 33157

New Principal Place of Business:

9742 BANYON ST.
VILLAGE OF PALMETTO BAY, FL 33157

Current Mailing Address:

9742 BANYON ST.
PERRINE, FL 33157

New Mailing Address:

9742 BANYON ST.
VILLAGE OF PALMETTO BAY, FL 33157

FEI Number: 65-0760067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIMEK, CLIFF
7920 SW 145 AVE
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHIMEK, CLIFF
Address: 7920 SW 145 AVE.
City-St-Zip: MIAMI, FL 33183

Title: V ( ) Delete
Name: SCHIMEK, ALICIA
Address: 7920 SW 145 AVE.
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD JAY SCHIMEK PRES 02/12/2004

Electronic Signature of Signing Officer or Director — Date