2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90082 009 ***150.00

DOCUMENT # P97000048894

1. Entity Name
AUTO + INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
9742 BANYON ST. VILLAGE OF PALMETTO BAY, FL 33157	9742 BANYON ST. VILLAGE OF PALMETTO BAY, FL 33157

03092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0760067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIMEK, CLIFF 7920 SW 145 AVE MIAMI, FL 33183	Name: Craig M. Dorne, P.A. Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road PH-SE City: Miami Beach FL Zip Code 33139

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] President Craig M. Dorne 3/9/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHIMEK, CLIFF 7920 SW 145 AVE. MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 9742 BANYAN STREET MIAMI FL 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHIMEK, ALICIA 7920 SW 145 AVE. MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 9742 BANYAN STREET MIAMI FL 33157	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] CLIFFORD SCHIMEK PRES. 3/9/06 305 278-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400300 42

Craig M. Dorne, PA

March 9, 2006

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Auto + Insurance Agency, Inc. P97000048894

To Whom It May Concern:

Enclosed is the annual report for the above mentioned corporation. Please file the same. If you have any questions, please feel free to contact the undersigned.

Very truly yours,

Craig M. Dorne, P.A.

Craig M. Dorne, Esq.
For the Firm

CMD/yb

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www.dornelaw.com • Email: cdorne@dornelaw.com