

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066447

**FILED**  
**Feb 06, 2005**  
**Secretary of State**

**Entity Name:** PAMELA BRUMER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

906 ALTON RD  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

141 ALTON RD  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

906 ALTON RD  
MIAMI BEACH, FL 33139

**New Mailing Address:**

141 ALTON RD  
MIAMI BEACH, FL 33139

**FEI Number:** 65-0771541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUBOFF, KENNETH R  
10920 BISCAYNE BLVD.  
MIAMI, FL 33161 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: PD ( ) Delete  
Name: BRUMER, PAMELA  
Address: 435 FAIRWAY DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BRUMER, PAMELA  
Address: 140 JEFFERSON AVE UNIT 14009  
City-St-Zip: MIAMI BEACH, FL 33139

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: PAMELA BRUMER

PRES

02/06/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date