


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 334855 1. Entity Name WEXLER INSURANCE AGENCY INC	
--	---

Principal Place of Business 1120 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 US	Mailing Address P.O. BOX 431245 SOUTH MIAMI, FL 33243-1245 US
--	---



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1219972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEXLER, MICHAEL J
7970 S.W. 145TH ST.
MIAMI, FL 33158**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WEXLER, MICHAEL J 7970 S.W. 145TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS WEXLER, JUDITH 7970 S.W. 145TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WASSERMAN, GARY J 1085 NW 164TH AVE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS WEXLER, STEVEN M. 12200 SW 70TH COURT MMIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000179976
01/13/05-80038-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2005

Date

Daytime Phone #

(805) 445-5050