2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2004 8:00 am
Secretary of State
07-28-2004 90024 047 ***150.00

44050304

DOCUMENT # 425887

1. Entity Name
STERNBAUM INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
PO BOX 65-1855	PO BOX 65-1855
MIAMI FL 33265-1855	MIAMI FL 33265-1855
US	US

[ ] CHECK HERE IF MAKING CHANGES

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 59-2240936 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERNBAUM, SEYMOUR
2451 BRICKELL AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	[ ] Delete
NAME	STERNBAUM, SEYMOUR	
STREET ADDRESS	2451 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	[ ] Delete
NAME	GILLER, BEN	
STREET ADDRESS	8440 SW 84 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Seymour Sternbaum 7-13-04 305-346-0300

Attachment

H40503O4 STERNBAUM INSURANCE AGENCY INC

JULY 13, 2004

DIVISION OF CORPORATIONS

P.O. BOX 1500

TALLAHASSEE FL 32302

DOCUMENT # (P25887)

ENCLOSED IS OUR (MAKE-SHIFT) 2004 UNIFORM BUSINESS REPORT, INCLUDING OUR CHECK FOR $150.00.

SINCE WE NEVER RECEIVED A FORM FROM YOUR DEPARTMENT WE COULD NOT SUBMIT ANYTHING UNTIL WE RECENTLY LEARNED OF YOUR NOTICE TO DISSOLVE.

KINDLY FORGIVE ANY PENALTY FOR THIS "LATE" FILING, BUT UNUSUAL CIRCUMSTANCES — THE CHANGE OF STATE POLICY WITHOUT NOTICE — CREATED THIS DELAY.

THANKS FOR YOUR UNDERSTANDING.

SINCERELY

Seymour Sternbaum

SEYMOUR STERNBAUM, PRESIDENT.