

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90277 020 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                 |                                                                                                                     |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 425887</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                 |                                                                                                                     |                |  |
| 1. Entity Name<br><b>STERNBAUM INSURANCE AGENCY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                 |                                                                                                                     |                                                                                                 |  |
| Principal Place of Business<br><b>PO BOX 65-1855<br/>MIAMI FL 33265-1855<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                 | Mailing Address<br><b>PO BOX 65-1855<br/>MIAMI FL 33265-1855<br/>US</b>                                             |                                                                                                 |  |
| 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<br><b>59-2240936</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                 |                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                 |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                 | 7. Name and Address of New Registered Agent                                                                         |                                                                                                 |  |
| <b>STERNBAUM SEYMOUR</b><br><del>2451 BRICKELL AVE P.O. BOX 65-1855</del><br><del>MIAMI FL 33131 MIAMI FL 33265-1855</del><br><b>6020 WEST 14 COURT</b><br><b>HALEAH, FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                 |                                                                                                                     |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD                 | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STERNBAUM, SEYMOUR |                                 | NAME                                                                                                                |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2451 BRICKELL AVE  |                                 | STREET ADDRESS                                                                                                      |                                                                                                 |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MIAMI FL           |                                 | CITY- ST- ZIP                                                                                                       |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S                  | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GILLER, BEN        |                                 | NAME                                                                                                                |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8440 SW 84 TERR.   |                                 | STREET ADDRESS                                                                                                      |                                                                                                 |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MIAMI FL           |                                 | CITY- ST- ZIP                                                                                                       |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                 | NAME                                                                                                                |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                 | STREET ADDRESS                                                                                                      |                                                                                                 |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                 | CITY- ST- ZIP                                                                                                       |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                 | NAME                                                                                                                |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                 | STREET ADDRESS                                                                                                      |                                                                                                 |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                 | CITY- ST- ZIP                                                                                                       |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                 | NAME                                                                                                                |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                 | STREET ADDRESS                                                                                                      |                                                                                                 |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                 | 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: <u>Seymour Sternbaum</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                 | 2-16-05 (305) 346-0300<br>Date Daytime Phone #                                                                      |                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>SEYMOUR STERNBAUM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                 |                                                                                                                     |                                                                                                 |  |