


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90523 050 ***150.00

DOCUMENT # 428276
 1. Entity Name
ASSOCIATED INSURANCE BROKERS, INC.



Principal Place of Business: **8300 W. FLAGLER ST. #250 MIAMI FL 33144 US**
 Mailing Address: **8300 W. FLAGLER ST. #250 MIAMI FL 33144 US**

04040901



MOORE CR2E034 (11/03)

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

4. FEI Number: **59-1468772**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALVAREZ, ANNETTE R
8300 W. FLAGLER ST.
SUITE 250
MIAMI FL 33144

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$150.00
After May 1, 2004 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	PCD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JOSE M	
STREET ADDRESS	8300 W. FLAGLER ST., SUITE 250	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SVAS	<input type="checkbox"/> Delete
NAME	SOTO, JOHN M	
STREET ADDRESS	8300 W. FLAGLER ST., SUITE 250	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALVAREZ, ANETTE R	
STREET ADDRESS	8300 W. FLAGLER ST., SUITE 250	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VALDES-FAULI, MARLEN	
STREET ADDRESS	8300 W. FLAGLER ST., SUITE 250	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David M. Alvarez	
STREET ADDRESS	8300 W. Flagler St Ste 250	
CITY-ST-ZIP	Miami, FL 33144	
TITLE	V.P. V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reed, Thomas	
STREET ADDRESS	8300 W. Flagler St Ste 250	
CITY-ST-ZIP	Miami, FL 33144	

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]* 2/22/04 305-554-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #