

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654380

FILED
Apr 10, 2006
Secretary of State

Entity Name: CAPITAL COORDINATION INSURANCE AGENCY, INC.

Current Principal Place of Business:

5555 ANGLERS AVE
2
FT LAUDERDALE, FL 33312 US

Current Mailing Address:

5555 ANGLERS AVE
2
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

3550 BISCAYNE BLVD
300
MIAMI, FL 33137 US

New Mailing Address:

3550 BISCAYNE BLVD
300
MIAMI, FL 33137 US

FEI Number: 59-1983753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVER, GERALD
5555 ANGLERS AVE
2
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SILVER, GERALD
3550 BISCAYNE BLVD
300
MIAMI, FL 33137 US

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:

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVER, GERALD,
Address: 5555 ANGLERS AVE. #2
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVER, GERALD,
Address: 3550 BISCAYNE BLVD STE 300
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GERALD SILVER

PRES

04/10/2006

Electronic Signature of Signing Officer or Director

Date