2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# 766472

Entity Name: MIAMI-DADE ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

9241 SW 54TH PLACE
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

9241 SW 54TH PLACE
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 59-6151309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTUCCI, MAUD MARIE
9241 SW 54TH PLACE
COOPER CITY, FL 33328

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: SANTUCCI, MAUD MARIE
Address: 9241 SW 54TH PLACE
City-St-Zip: COOPER CITY, FL 33328

Title: D ( ) Delete
Name: LEFFLER, JERRY M
Address: P. O. BOX 143
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: KASOW, ANDREW M
Address: 8603 S DIXIE HWY., STE. 201
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: MARX, DONALD W
Address: 9008 S.W. 152 STREET
City-St-Zip: MIAMI, FL 33157

Title: P ( ) Delete
Name: POLACK, JOYCELYN
Address: 5355 N.W. 189 STREET
City-St-Zip: MIAMI, FL 33055

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: LEFFLER, JERRY M
Address: P. O. BOX 143
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP (X) Change ( ) Addition
Name: PENN, JAMES L
Address: 4011 OAKWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP (X) Change ( ) Addition
Name: GRANT, GERALD C JR.
Address: 9130 S. DADELAND BLVD., STE. 1400
City-St-Zip: MIAMI, FL 33156

Title: S (X) Change ( ) Addition
Name: ROSENTHAL, ROBERT A
Address: 9360 SUNSET DR., STE. 200
City-St-Zip: MIAMI, FL 33173

Title: T ( ) Change (X) Addition
Name: ESPINOSA, ALBERTO M
Address: 2 ALHAMBRA PLAZA, STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUD MARIE SANTUCCI ED 01/06/2004

Electronic Signature of Signing Officer or Director — Date