


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F61929 1. Entity Name ATICO INSURANCE AGENCY, INC.	
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Principal Place of Business 362 MINORCA AVE. MIAMI, FL 33134	Mailing Address 362 MINORCA AVE. MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE



01122005 000000 000000000000

4. FEI Number 59-2823684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000000000

6. Name and Address of Current Registered Agent WEINER, MORTON D 362 MINORCA AVE. CORAL SPRINGS, FL 33134	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 000000 0000000000	000000223333 02/14/05-80069-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEINER, MORTON D 362 MINORCA AVE. CORAL SPRINGS, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEINER, JEFF B. 362 MINORCA AVE. CORAL SPRINGS, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Morton D Weiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____